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SECRETARY CLEATE

COVER LETTER

TO: Registration : Division of C		₹ .				
Ace Apex	k, LLC	·				
SUBJECT:	Name of Lin	nited Liability Company		-		
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	pondence concerning this matter	to the following:				
	Angel Diaz					
		Name of Person		_		
	Ace Apex, LLC					
		Firm/Company	-	_		
	116 Saffron Way					
		Address		G,	207	
	Kissimmee, FL 34758			ACT:	91 AON 2202	٠
		City/State and Zip Code	, <u> </u>			•
	maverick592@outlook.com			_		-
	E-mail address: (to be used for future annual report noti	fication)		電量	· ·
For further information	concerning this matter, please c	all:			ਨੂ ::	~-3
Angel Diaz		407 5722460 at ()		1 -7	0	
Name	of Person		e Telephone Numb	ær	-	
Enclosed is a check for	the following amount:					
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific	Filing Fe- cate of St ed Copy mal copy is e	atus &	
Mailing Addr		Street Address:	ation			
Registration Division of	Corporations	Registration Sec Division of Cor				
P.O. Box 63	327	The Centre of T				
Tallahassee	FI 32314	2415 N. Monro	e Street Suite	810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

our records.)
3, 2021 and assigned
ation "LLC" or the abbreviation "L.L.C."
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ds, enter the name of the new regi
<u> </u>
rcet address
, Florida Zip Code
3

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mgr	Kimberly Reyes	116 Saffron Way	□Add
		Kissimmee, FL 34758	≅ Remove
			□Change
		The only person for this business is Angel Diaz	🗆 🔿 dd
			□Remove
			□Change
		SCREET A STATE OF THE STATE OF	< " # 970
			Remove
			□Add
			□Remove
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Effective date, if other than the offer an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	ck does not meet the a	pplicable statutor	g or more than 90 days y filing requirements	optional) after filing.) Purso , this date will r	uant to 605. tot be liste	0207 (d as i
e record specifies a delayed effective d is filed.	date, but not an effec	ive time, at 12:01	a.m. on the earlier o	f: (b) The 90th	ı day after	the
Dated November 14,	2022					
	Angel Diaz					
	Alliger Dame					