L21000303434

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A. RIVERS MAY 2 0 2023

COVER LETTER

Registration Section Division of Corporations

TO:

_	INTERNATIONAL TAX LL	С	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of a	Amendment and fec(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	BIANCA KEGEL		
		Name of Person	_
	ACE ADVISORS USA		
		Firm/Company	
	7734 TUSCAN BAY CIR	CLE	
		Address	_
	WESLEY CHAPEL, FL.	33545	
		City/State and Zip Code	_
	BIANCA@ACEADVISOR		
	E-mail address: (to be used for future annual report notification)	
For further information co	oncerning this matter, please c	all:	
BIANCA KEGEL		404 916-2018 at ()	
Name of	Person	Area Code Daytime Telephone Numb	er
Enclosed is a check for th	e following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certific	ate of Status &
Mailing Address Registration S Division of Co P.O. Box 632 Tallahassec, F	ection orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite	810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLUEJAY INTERNATIONAL TAX LLC	······	
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Com	pany were filed on 07/01/2021	and assigned
Florida document number L21000303434		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited	liability company here:	
ACE ADVISORS USA LLC		
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u> </u>	
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		202
3. If amending the registered agent and/or registered of	fice address on our records, enter the	name of the new registe
gent and/or the new registered office address here:		PR II
		\$ \frac{1}{3} \frac{1}{3} \frac{1}{1}
Name of New Registered Agent:		· 111.6
New Registered Office Address:		10 00 00 00 00 00 00 00 00 00 00 00 00 0
	Enter Florida street address	5. 0
	, Florid	
	City	Zip Code

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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Remove
			□Change
			□Add
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effective date is listed, the date in e: If the date inserted in this	he date of filing: must be specific and cannot be prior to block does not meet the applicab Department of State's records.	date of filing or more than 90 day	
cord specifies a delayed effect s filed.	tive date, but not an effective tim	e, at 12:01 a.m. on the earlier	of: (b) The 90th day after the
MARCH 21	2023		
	1 m ad	- 	

Typed or printed name of signee