121000348840

(Re	questor's Name)	<u>_</u>
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

	Registration Division of C			
C11D 1E7	ACECOI	RP. LLC		
SUBJEC	,1; <u> </u>	Name of Lim	ited Liability Company	
The encl	osed Articles	of Amendment and fee(s) are sub	mitted for filing.	
		spondence concerning this matter		
		MICHAEL SCHNEIDER		
			Name of Person	
		ACECORP, LLC		
			Firm/Company	
		7938 LUSARDI CRREK I	LN	
			Address	
		SAN DIEGO, CA 92127		
		FIXXXERMS@GMAIL.CO	City/State and Zip Code OM to be used for future annual report no	uitication)
For furth	er information	n concerning this matter, please c	·	arcaron,
MICHA	EL SCHNEIE	DER	858 999-5397	
	Nam	e of Person	at () Area Code Daytii	me Telephone Number
Enclosed	l is a check fo	r the following amount:		
■ \$25.	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Add Registration Division of P.O. Box 6	n Section Corporations	Street Address: Registration S Division of Co The Centre of	orporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ACECORP, LLC			
(Name of the Limi	ited Liability Compa (A Florida Limited I	ny as it now appears on our records. Liability Company)	1
The Articles of Organization for this Limited I Florida document number L21000348840	Liability Company	were filed on <u>08/03/2021</u>	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name o	of the <u>limited liab</u>	ility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		8227 NW 192 TERRANCE	
Principal office address MUST BE A STREET ADDRESS)		MIAMI, FL 33015	
Enter new mailing address, if applicable:		8227 NW 192 TERRANCE	
Mailing address MAY BE A POST OFFICE	(BOX)	MIAMI, FL 33015	2022 SE(
			ORIE AL
B. If amending the registered agent and/or			AH P
3. If amending the registered agent and/or	registered office	address on our records, <u>enter t</u>	he name of ∰ethew registe ✓/ ○
agent and/or the new registered office addr	ess here.		PHIZ: OF ST SEE, F
Name of New Registered Agent:	MICHAEL SC	HNEIDER	FL FL
New Registered Office Address:	8227 NW 192	TERRANCE	
		Enter Florida street address	
	MIAMI	, Flor	rida <u>33015</u>
	 -	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 Changing Registered Agent, Signature of New Registered Agent

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	JOSE RIVERA	909 GARDENBROOK CT	□Add
		PALM BAY, FL 32909	■Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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		□ Change	
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			[]Change

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the rd is filed.	ii am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing: [Coptional] If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The effective date of the date is a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the red is filed.		
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Dated $\frac{08/31/2022}{2}$		
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Dated	Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
Dated		
$\sqrt{2}$	Dates	08/31/2022
Signature of a member or authorized representative of a member		
		Signature of a member or authorized representative of a member
MICHAEL SCHNEIDER		