

# L220000096288

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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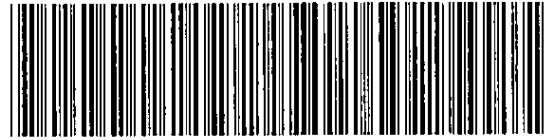
(Business Entity Name)

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# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

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Date: 03/10/2023

Acc#120160000072

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Name:	Ace08-3, LLC
Document #:	
Order #:	14828998

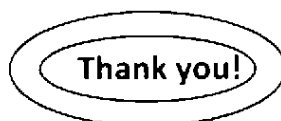
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Amount: \$ 25.00



## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ACE08-3, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

James D. Buser

\_\_\_\_\_  
Name of Person

Pansing Hogan Ernst & Bachman, LLP

\_\_\_\_\_  
Firm/Company

10250 Regency Circle, Suite 300

\_\_\_\_\_  
Address

Omaha, NE 68114

\_\_\_\_\_  
City/State and Zip Code

jbuser@pheblaw.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James D. Buser

402 397-5500  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

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)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

Mailing Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 13, 2023

CT CORP

SUBJECT: AMS, LLC  
Ref. Number: W23000034135

**CORRECTED**  
**Please Allow For**  
**Same File Date**

We have received your document for AMS, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org).

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 023A00005782

REC'D  
2023 MAR 15 AM 10:22  
ALL INFORMATION  
IN THIS DOCUMENT IS UNCLASSIFIED

FILED

2023 MAR 10 AM 8:46

SECRETARY OF STATE  
TALLAHASSEE, FL

(A Florida Limited Liability Company)

**If Changing Registered Agent, Signature of New Registered Agent**

**MGR = Manager**  
**AMBR = Authorized Member**

[illegible]

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

2023 MAR 10 AM 07:40  
CLERK OF STATE  
TALLAHASSEE, FL

2023 MAR 10 AM 8:46  
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TALLAHASSEE, FL

100

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(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 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the 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 record is filed.

Dated March 14

2023

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

James D. Buser, Manager

Typed or printed name of signee

**Filing Fee: \$25.00**