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## **CT CORP**

## 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

03/10/2023

D	ate:	03/10/2023	- 4:1 DW
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Name:	Ace08-3, L	LC	
Document #:			
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Thank you!

### **COVER LETTER**

TO: Registration Se Division of Cor						
ACE08-3,						
SUBJECT:		ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	James D. Buser					
		Name of Person				
	Pansing Hogan Ernst & Ba	achman, LLP	g.  Person  Impany  The sess of d Zip Code  Interest annual report notification)  2 397-5500  Daytime Telephone Number  Filling Fee & S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)  Street Address: Registration Section			
	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)  ther information concerning this matter, please call:					
	10250 Regency Circle, Su	ite 300				
	· · · · · · · · · · · · · · · · · · ·	Address	<del></del>			
	Omaha, NE 68114					
		City/State and Zip Code				
	E-mail address: (	to be used for future annual report noti	fication)			
For further information of	oncerning this matter, please c	all;				
James D. Buser						
Name o	l Person	at () Area Code Daytim	e Telephone Number			
Enclosed is a check for the	he following amount:					
国 \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy			
Mailing Address			a*iaa			
Registration ! Division of C		Registration Section Division of Corporations				
P.O. Box 632		The Centre of T				

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



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.

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.," "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

2020 MAR 15 AM 10:22

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2023 MAR 10 AM 8: 46

Ace08-3, LLC

THERETARY OF STATE

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	y were filed on March 8, 2022	and assigned
Florida document number 1.22000096288		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
ELAS, LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	Bloride	<b>.</b>
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent		
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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

Title	Name	Address	Type of Action
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		Sign	nature of a m	iember or auf	horized repr	esentative of	a member			_	

Filing Fee: \$25.00