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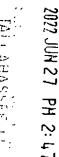
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## **COVER LETTER**

TO: Registration Section Division of Corpor		
SUBJECT:	ACE ESSENTIALS LLC Name of Limited Liability Company	
The enclosed Articles of Am	endment and fee(s) are submitted for filing.	
Please return all corresponde	nce concerning this matter to the following:	
	STEVEN JENNINGS Name of Person	
	ACE ESSENTIALS LLC Firm/Company	
	14041 SW 166 ST Address	
	MINMI FL 33177  City/State and Zip Code	
-	ACEESSENTIALS LLC LQ GHAIL-COM  E-mail address: (to be used for future annual report notification)	
	erning this matter, please call:	
STEVEN ST	Son at (766) 229 - 9712 Area Code Daytime Telephone Number	
Enclosed is a check for the fo	llowing amount:	
S25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee & □ \$60.00 Filing Fee Certificate of Status  Certified Copy Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	atus &

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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ACE ESSE! (Name of the Limited Liab) (A Florid		as it now appears on o	FALT AND	1. w
The Articles of Organization for this Limited Liability Florida document number <u>L 220001174</u>	Company we 78	re filed on <u>03</u>	108/2022	and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	mited liability	y company here:		
The new name must be distinguishable and contain the words "Li	imited Liability (	Company." the designa	tion "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	_			
(Principal office address MUST BE A STREET ADD	DRESS) _			
	-			
Enter new mailing address, if applicable:	_			
(Mailing address MAY BE A POST OFFICE BOX)	_		_	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		ress on our record	s, enter the name	of the new registered
Name of New Registered Agent;				
New Registered Office Address:				
		Enter Florida str	eet address	
		City	Florida	Zıp 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
AMBIR	STEVEN JENNINGS	14041 SW 166 ST	□ Add
		MIAMI, FL 33177	□Remove
AMBR	GIANCARLO AGUILAR	2901 NE 150 AVE UNIT	1910 JAdd
		MIAMI, FL 33137	□Remove
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