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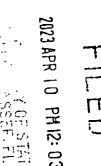
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COVER LETTER

Registration Section

Division of Corporations

TO:

	ted Effort Services			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Deirdre Dzamba			
		Name of Person		
	A Coordinated Effort of S	ervices LLC ACES		
		Firm/Company		
	2315 SW 54th Lane			
	Address			
Cape Coral, FL 33914				
		City/State and Zip Code		
	dmwsc2002@yahoo.com		 	
	E-mail address: (to be used for future annual report not	ification)	
For further information c	oncerning this matter, please of	uII;		
Deirdre Dzamba		239 671-2882 at ()		
Name o	f Person	at () Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	ne 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)	
<u>Mailing Addres</u> Registration l Division of C	Section	<u>Street Address:</u> Registration So Division of Co	rporations	
P.O. Box 6327 Tallahassee, FL 32314		The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A Coordinated Effort Services LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our recor- ted Liability Company)	<u>dş.</u>)
The Articles of Organization for this Limited Liability Comp	any were filed on April 27, 2022	and assigned
Florida document number 1.22000237226		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
A Coordinated Effort of Services LLC ACES	<u> </u>	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LL	
Enter new principal offices address, if applicable:		2028 APR
Principal office address MUST BE A STREET ADDRESS	<u> </u>	- A T
		75.55 P
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		그림 0
		Ţ;; ==
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>ente</u>	r the name of the new re
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	ess
		Torida
	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 = M	anager	
$\Delta MRR = \Delta$	uthorized Mambar	

<u>Title</u>	<u>Name</u>	Address	Type of Action
			_Add
			□Remove
			□Add
			□Remove
			Change
			□ Add
			□Remove
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