## h22000 270 917

(Requestor's Name)	_
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	<del>_</del>
Special Instructions to Filing Officer:	7
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06/27/22--01019--028 ++25.00



9/21/2022

## COVERLETTER RE: 622000 270917

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

	ACE INVESTMENTS LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	NICKELLI L PIERRE			
		Name of Person		
	FULL PEACE INVESTM	ENTS LLC		
		Firm/Company		
	5393 SW 186TH WAY			
		Address		
	MIRAMAR FLORIDA 33	029		
		City/State and Zip Code		
	NPIERRE327@AOL.COM			
	E-mail address: (	to be used for future annual report not	itication)	
For further information	concerning this matter, please co	all:		
NICKELLI L PIERRE		305 297-5395		
Name	of Person	at ()at Code Daytin	ne 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 Fec, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addre Registration		<u>Street Address:</u> Registration Se	ection	
Division of 0	Corporations	Division of Corporations		
P.O. Box 63	27	The Centre of Tallahassee		

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 JUN 27 AM 7: 48

FULL PEACE INVESTMENTS LLC

(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 were filed on  $\frac{06/08/2022}{}$ and assigned Florida document number \_\_\_\_\_\_L22000270917 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	LISANNE PIERRE	5393 SW 186TH WAY	<b>=</b> Add
		MIRAMAR FL 33029	□Remove
			□Change
	<u> </u>		□Add
			□Remove
			□Change
			□Add
			□Remove
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			Change
			□ Add
			□Remove
			Change

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Filing Fee: \$25.00