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04/21/23--01014--025 **25.00

COVER LETTER

то:	Registration S Division of Co			
SUBJI	ECT: <u>TIMESP</u>	ACE, LLC		
		Name of Lit	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please	return all correspo	ondence concerning this matter	r to the following:	
		Corpoi	rate Maintenance Le	ead
		Proc	essing Department	.o. 78
			Firm/Company	
			1450 Vassar St	
			Address	
			Reno, NV 89502	
•			City/State and Zip Code	·
		E-mail address:	to be used for future annual report noti	fication)
For fur	ther information c	oncerning this matter, please c	·	,
	Process	ing Department	at (800) 638-2320	
	Name o	f Person		e Teiephone Number
Enclose	ed is a check for ti	ne following amount:		
☑ \$25	5.00 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)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section in of Corporations ox 6327 issee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations nter Circle

. ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ACE, LLC	
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records. Liability Company)	.)
The Articles of Organization for this Limited Liability Company Florida document number L23000146805	were filed on 03/22/23	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1527 Crescent Cir	17 18 12 12 12 12 12 12 12 12 12 12 12 12 12
(Principal office address MUST BE A STREET ADDRESS)	West Palm Beach FL 33403	
Enter new mailing address, if applicable:	6671 West Indiantown F	Rd. Suite 50-248-
(Mailing address MAY BE A POST OFFICE BOX)	Jupiter	(.)
	FL. US 33458	, ; N
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address:	ffice address on our records, e: Enter Florida street address	enter the name of the new
	, Flori	ido
	Ciry	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agraprovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and provided for in Chapter 605, F.,	I am familiar with and S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = M $AMBR = A$	Hanager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Chris Arnold	1527_Crescent_Cir	□ Ađd
		West Palm Beach	Remove
		FL, 33403	
			□ Add
			□ Remove
			Change
			Addi
			☐ Change
			Remove
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			Remove

			
 		 <u> </u>	Change
 	· · · · · · · · · · · · · · · · · · ·	 ···-	Add
 		 	Remove
		 	Change

P. 11 amending any other information, emer change(s) here: (Attach adattional sheets, if necessary.)
The state of the s
E. Effective date, if other than the date of filing: N/A (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
Market - 1 -11 11 A
Signature of a member or authorized representative of a member
Chris Arnold
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00