

L23000211364

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

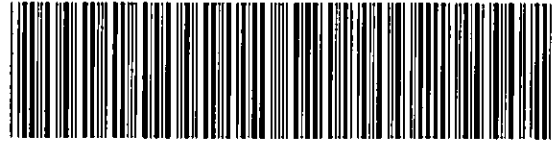
(Business Entity Name)

(Document Number)

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SEC. OF STATE  
TALLAHASSEE, FL

1/30/24 K.H.

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: A1CE CONSTRUCTION LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Daneke Jenkins

Name of Person

A1ce Construction LLC

Firm/Company

817 W Carole St apt 9

~~2000 W. MONROE STREET, SUITE 810~~

Address

Lakeland FL ~~33800~~ 33803

City/State and Zip Code

ACE1Services123@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daneke Jenkins

Name of Person

at (863) 393 8816

Area Code

Daytime Telephone Number

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STATE  
TALLAHASSEE, FL

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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 Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

Mailing Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

A1CE CONSTRUCTION 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 4/28/2023 and assigned Florida document number L23000211364

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)

210 N Missouri Ave  
Unit 3029 Lakeland  
FL 33815

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:

Danyesha Jenkins

New Registered Office Address:

210 N Missouri ave unit 3029

Enter Florida street address

Lakeland

City

Florida

33815

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.*

Danyesha Jenkins

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Danesh Jenkins	817 W Carole St Apt 9 Lakeland FL <del>220 N Missouri</del> 33803	<input type="checkbox"/> Add
		<del>ave Lakeland FL 33805</del>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Danyesha Jenkins	210 N Missouri ave Lakeland FL 33815	<input checked="" type="checkbox"/> Add
		Unit 3029	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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STATE OF FL  
SEAL OF THE STATE

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

please Remove the 817 W Carole  
St address off file that  
address please call 863 393 8816  
For any questions.

2024 JAN 1 PM 4:33  
SECRETARY OF STATE  
TALLAHASSEE, FL

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ASAP.

E. Effective date, if other than the date of filing: ~~01/09/2024~~ (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 January 9, 2024.

Daneke Jenkins

Signature of a member or authorized representative of a member

Daneke Jenkins

Typed or printed name of signer