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COVER LETTER

TO: Registration Se Division of Cor			
ACE MOTO			
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
	ondence concerning this matter t	-	
	TINATIN Q TSIMINTIA		
		Name of Person	
	ACE MOTORS LLC		
		Firm/Company	
	14602 MARINA DR UNIT	5	
		Address	
	HUDSON, FL 34667		
		City/State and Zip Code	·
	TIKATS16@GMAIL.COM E-mail address: tt	o be used for future annual report notifica	tion)
For further information c	oncerning this matter, please ca		
		at (<u>347)</u> 4/3 07 Area Code Daytime To	12/
Name o	f Person	Area Code Daytime To	elephone Number
Enclosed is a check for the	ne following amount:		9
■ \$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 (**) Gadditional copy is enclosed)
Mailing Addres		Street Address:	
Registration 5		Registration Section Division of Corpo	

P.O. Box 6327

Tallahassee, FL 32314

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

ACE MOTORS LLC			
(Name of the Lim	ited Liability Comp; (A Florida Limited	iny as it now appears on our records. Liability Companyi)
The Articles of Organization for this Limited I		were filed on <u>06/28/2023</u>	and assigned
This amendment is submitted to amend the fol			
A. If amending name, <u>enter the new name</u> (of the limited liah	oility company here:	
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:		. ~
Principal office address MUST BE A STRE	ET ADDRESS)		(2)
Enter new mailing address, if applicable:		9109 TOURNAMENT DR	ڭ
(Mailing address MAY BE A POST OFFICE BOX)		HUDSON, FL 34667	
3. If amending the registered agent and/or gent and/or the new registered office address.	ess here:	-	he name of the new regis
Name of New Registered Agent:	TENATIN OTF	ARIEVNA TSIMINTIA	
New Registered Office Address:	14602 MARIN	A DR UNITE 5	
		Enter Florida street address	
	HUDSON	Flor	rida <u>34667</u>
		Circ	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 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>	Name	Address	Type of Action
AMDR	TINATIN O TSIMINTIA	9109 TOURNAMENT DR HUDSON, FL 34667	= Add
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to describe. If the date inserted in this block does not meet the applicable	(optional) ate of filing or more than 90 days after filing.) Pursuant to 6053 statutory filing requirements, this date will not be liste
ocument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, d is filed.	at 12:01 a.m. on the earlier of: (b) The 90th day after
. 08/07/2023	
latori	
Dated	
Tigor—TSA— Signature of a member of authorize	d contrarectative of a member

Filing Fee: \$25.00