L23000454/48

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COVER LETTER

TO: Registration Section
Division of Corporations

Tallahassee, FL 32314

ACE HAI	RDWARD OF SUN CITY CE	NTER, LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Robert W. Bivins		
		Name of Person	
	Name of Person		
		Firm/Company	
	1060 Bloomingdale Ave.		
		Address	·
	Valrico, FL 33596		
		City/State and Zip Code	
	- ·		
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please co	all:	
Robert W. Bivins			
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	<u> </u>	Certified Copy	Certificate of Status & Certified Copy
Mailing Addres			ation
Registration S			
P.O. Box 632			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ACE HARDWARD OF SON CITT CENTER, DEC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000454148</u>	were filed on October 2, 2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
ACE HARDWARE OF SUN CITY CENTER, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)		77
		023
		000
Enter new mailing address, if applicable:		.S: 1
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(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	
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B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>enter the</u>	name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
- 	Enter Florida street address	
	, Florid	a
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

ACE HADDWADD OF SHY CITY CENTED, LLC.

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
.			□Add
			□ Remove
			□Change
		· · · · ·	□Add
			□Remove
			□Change
			□Add
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ective date, if	other than the date	of filing:			(optional)	
effective date is l	listed, the date must be sp nserted in this block do	ecific and cannot be pr				
	ve date on the Departn			g roquiroment	o, mo date will no	
cord specifies a s filed.	delayed effective date	, but not an effective	e time, at 12:01 a	i.m. on the earlier	of: (b) The 90th	day after th
Octobe	ет 4	2023	<u></u> ·			
		_				
	Signal	ture of a member or at	thorized represent	ative of a member		
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Filing Fee: \$25.00