

L240000062796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

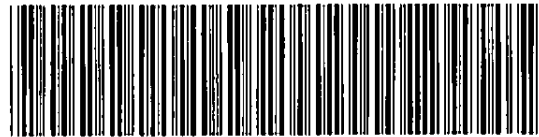
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
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R. HUNT

03/15/24

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DR
TALLAHASSEE, FL 32309
(850) 524-5437 / (850) 524-6243 / (850) 491-9625

Please use funds from this account: 120210000160: \$25.00

Authorization Signature: *Sam Lull*

BUSINESS NAME Ace Elite LLC **Document#** L24000062796

☐ Certified Copy
☐ Certificate of Status

NEW FILINGS

&

AMENDMENTS

☐ Profit Corp
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ LLLP
☐ CORP
☐ Inc
☐ Other

☒ **Amendment**
☐ Resignation of R.A. Officer/Director
☐ Change of Registered Agent
☐ Revocation of Dissolution
☐ Merger
☐ Articles of Conversion
☐ Amended & Restated Articles of Incorporation
☐ Statement of Authority

APOSTILLE(s)

&

OTHER FILINGS

☐ APOSTILLE(s)

☐ Foreign Filing
☐ Reinstatement
☐ Qualification
☐ Fictitious Name
☐ Annual Report

☐ COUNTRY(s)

EXAMINER'S INITIALS: _____

2020 JUN 25 AM 9:17
STATE
OFFICE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ace Elite 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:

Shannon Marie DeLelle

Name of Person

Ace Elite LLC

Firm/Company

3402 Davie Rd Apt 406

Address

Davie, FL 33314

City/State and Zip Code

ShannonDeLelle@gmail.com

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

For further information concerning this matter, please call:

Shannon Marie DeLelle

305 877-8506
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

STATE
TALLAHASSEE, FL
JUN 25 AM 9:17
330

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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ASSISTANT

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.

Dated March 25, 2024

Sharon Marie Lelle

Shannon Marie DeLelle

Filing Fee: \$25.00