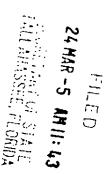


(Requestor's Name)
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Special Instructions to Filing Officer:
J. HORNE
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COVER LETTER

Divis	ion of Cor	porations				
		num Specialties LLC				
SUBJECT: _		Name of Limited Liability Company				
The enclosed /	Articles of	Amendment and fee(s) are sub	initied for filling.			
Please return a	ll correspo	ondence concerning this matter	to the following:			
		Catherine Jellerson				
			Name of Person	-	·	
		Ace Aluminum Specialties	LLC			
			Firm Company	<u>.</u>		
		3090 Sivan Road Unit A				
			Address			
		Fort Myers, FL 33916				
		1.11 11116 1	City/State and Zip Code			
		Jellerson H H @gmail.com E-mail address: (to be used for future annual	report notifica	tion)	
For further info	ormation c	oncerning this matter, please ea		·		
Catherine Jelle	erson			11-7176		
	Name o	f Person	at () Area Code	Daytime Te	elephone Number	
linclosed is a c	heck for th	ne following amount:				
■ \$25.00 Fili	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is en		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	ng Addres stration S		Street A Registr	ddress: ation Section	on	
		orporations	_	n of Corpor		

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Section

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Ace Aluminum Specialties, 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 L	iability Company	were filed on 102/0	and assigned	
Florida document number L24000067543	·			
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited liab	oility company her	<u>re</u> :	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company." the de	signation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applie	cable:	Catherine Jellers	en.	
(Principal office address MUST BE A STREET ADDRESS)		525 Jung Blvd, W		
		Naples, FL 3412	0	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or agent and/or the new registered office address.	registered office :	address on our re	cords. <u>enter the name of the new registered</u>	
Name of New Registered Agent:	Catherine Jeller	rson		
New Registered Office Address:	525 Jung Blvd	W.		
	Enter Florida street address			
	Naples		Florida 34120	
		City	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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being_added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Catherine Jellerson	525 Jung Blvd W.	≅Add
		Naples, FL 34120	□ Remove
MGR	Jeremy Jellerson	525 Jung Blvd W.	
		Naples, Ft. 34120	≡ Remove
		_	□Add
			!⊒Remove
		· -	□Add
			Remove
			Il Change
		-	
			∐Remove
			∃ Channa

	Removing Jeremy Jellerson as Manager and Adding Catherine Jellerson as Manager
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ffect	ve date, if other than the date of filing:
an etl	ective 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 605,020
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records.
, Cui i	ent s thetave date on the Department of Mate s fetolds.
recor Lis fi	I 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 ed.
ated	February 29 (2024)
accu	

Filing Fee: \$25.00

Typed or printed name of signee