

Office Use Only



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COVER LETTER

TO:

TO: Registration So Division of Cor			\			
subject: <u>* 5</u>	· ACÉ Resta	want & Ber Llited Liability Company	LC			
	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:				
	Danielle Mauceri	Danielle Mauceri				
		Name of Person				
		Firm/Company				
	DAGD SIAL	marke head 1	A 54			
		Marblehead W				
		ucie FL 34"				
	POIT OF	City/State and Zip Code	.,,,			
		to be used for future annual report noti	fication)			
For further information c	oncerning this matter, please co	all:				
		at () .				
Name of Person		at ()	e Telephone Number			
Enclosed is a check for the	he following amount:					
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	S60.00 Filing Fee, Certificate of Status &			
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)			
Mailing Addres		Street Address:				
Registration Section		Registration Section Division of Corporations				
Division of Corporations P.O. Box 6327		The Centre of Tallahassee				
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810				

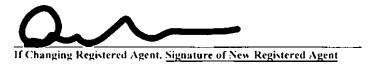
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

56ACE	Restaurant & Bar LLC			
(<u>Name of the Limit</u>	ed Liability Company as it now app (A Florida Limited Liability Company	ears on our records.) y)		
The Articles of Organization for this Limited L Florida document number <u>L2400021</u>	, , ,	05/06/2024	and assigned	
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liability company	here:		
The new name must be distinguishable and contain the w	ords "Limited Liability Company," th	e designation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applic	able:		20	
(Principal office address MUST BE A STREE	TADDRESS)		22 TT	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or resistance.		ddress on our records enter the name of the new registered		
agent and/or the new registered office addre		· · · · · · · · · · · · · · · · · · ·		
Name of New Registered Agent:	Danielle Mauceri	<u>i</u>		
New Registered Office Address:	2097 Sw marblehead wa	Y Torida street address		
	Port St.luice	, Florida _	34953	
	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, 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>	Type of Action
AMBR	Danielle Mauceri	2097 sw marblehead way port st.lucie fl 34953	Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
		-	□Add
			□Remove
			□Change
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			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: 05/23/2024 (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. Signature of a member or authorized representative of a member Danielle Mauceri Typed or printed name of signee

Filing Fee: \$25.00