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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ACE SUPERIOR	R MANAGEMENT INC
DOCUMENT NUMBER: P13000098122	
The enclosed Articles of Amendment and fee are s	submitted for filing.
Please return all correspondence concerning this m	natter to the following:
LAZARO MARTINEZ	
 	Name of Contact Person
ACE SUPERIOR MANAG	EMENT INC
	Firm/ Company
5040 NW 7 ST STE 630	
	Address
MIAMI, FL 33 126	
 i	City/ State and Zip Code
ODEDEARMAS@GMAIL.COM	I
E-mail address: (to be	used for future annual report notification)
	·
For further information concerning this matter, ple	ase call:
LAZARO MARTINEZ	21 (⁷⁸⁶) 497-0737
Name of Contact Person	at (786) 497-0737 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	
■ \$35 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ACE SUPERIOR MANAGEMENT IN	С		
(Name	of Corporation as currently fil	led with the Florida Dept. of State)	
P13000098122			
	(Document Number of Co	rporation (if known)	
Pursuant to the provisions of section 60 its Articles of Incorporation:	7.1006, Florida Statutes, this <i>Flo</i>	rida Profit Corporation adopts the fo	llowing amendment(s) to
A. If amending name, enter the new i	name of the corporation:		
			The new
name must be distinguishable and co "Corp.," "Inc.," or Co.," or the desig word "chartered," "professional associ	nation "Corp." "Inc," or "Co"	'. A professional corporation name	the abbreviation
B. Enter new principal office address			
(Principal office address <u>MUST BE À</u> .	STREET ADDRESS)		
	-		
C. Enter new mailing address, if app (Mailing address MAY BE A POST	licable: COFFICE BOX		E F
	-		
D. If amending the registered agent a new registered agent and/or the new registered agent and registered agent agent and registered agent		in Florida, enter the name of the	30
	LAZARO MARTINEZ		
<u>Name of New Registered Agent</u>			
	5040 NW 7 ST STE. 630		
	(Florida street o	•	124
New Registered Office Address	: MIAMI	, Florida	126
	(Cit	v)	(Zip Code)
New Registered Agent's Signature, if I hereby accept the appointment as regis	changing Registered Agent: stered agent. I am familiar with	and accept the obligations of the pos	ition.
		, , , , , , , , , , , , , , , , , , , ,	
	T/ws	stand Agent if above in a	
i e	Signature of New Regis	stered Agent, if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Yice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held, President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u> <u> 0</u>	hn Doc	
X Remove	<u>V</u> <u>M</u>	ike Jones	
X Add	SV Sa	lly Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	Р	JOURNEY GARCIA	5040 NW 7 ST. STE 630
Add X Remove			MIAMI. FL 33126
2) Change	P —-—	LAZARO MARTINEZ	5040 NW 7 ST. STE 630
X Add			MIAMI, FL 33126
Remove			
3)Change			
Add			
Remove		1 	
4) Change			
Add		l	
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove		1	

Attach additional she	g additional Articles, enter change(s) here: ets, if necessary). (Be specific)
	
	
	
	
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<u>ff an amendn est pro</u>	vides for an exchange, reclassification, or cancellation of issued shares,
provisions for imple	menting the amendment if not contained in the amendment itself:
(if not applicable	, indicale N/A)
	1
· ·	
	
	

	10/26/2017
The date of each amendment(s) a date this document was signed.	doption:, if other than the
10/2	26/2017
Effective date if applicable:	
.0 <u>12B _1.</u>	(no more than 90 days after amendment file date)
	block does not meet the applicable statutory filing requirements, this date will not be listed as the epartment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ad- by the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval
JOURNEY GARCIA	•
<u>-</u>	(voting group)
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
action was not required.	
10/26/201 Dated	
Signature	Papru
selecte	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court red fiduciary by that fiduciary)
	JOURNEY GARCIA
	(Typed or printed name of person signing)
•	PRESIDENT
	(Title of person signing)
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