

File 000189311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

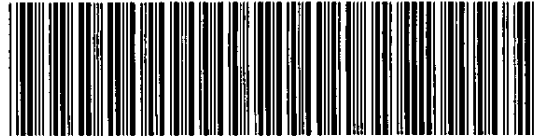
(Document Number)

Certified Copies _____

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06/05/17--01012--006 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 JUN -5 AM 11:50

RECEIVED
2017 JUN -5 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

JUN 05 2017

June 2, 2017

Pace Approved Services, LLC
3710 Corporex Park Dr., Ste. 100
Tampa, FL 33619

Dixon Courier Service
5003 Tennessee Capital Blvd.
Tallahassee, FL 32303

RE: Courier Delivery of Amendment Documents and Payment

To Whom It May Concern:

Enclosed please find the form to "amend the Articles of Organization of a Florida Limited Liability Company" and \$25.00 check made payable to the Florida Department of State.

Enclosed as well, attached to this cover letter, is also another check in the amount of \$32.50, made payable to Dixon Courier Service.

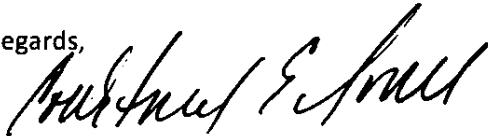
On Monday, June 5, 2017, immediately upon receipt of these documents, please deliver to the following address:

- Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Please wait for the Division of Corporations to provide you with proof of receipt and/or delivery. We request that you then forward said proof to us via email at NealScoppettuolo@Gmail.com.

Thank you in advance for your timely assistance with this matter.

Regards,



Courtney Jones
Director of Office Logistics

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 JUN -5 AM 11:50

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Pace Approved Services, 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:

Neal Scoppettuolo

Name of Person

Pace Approved Services, LLC

Firm/Company

3710 Corporex Park Dr., Suite 100

Address

Tampa, FL 33619

City/State and Zip Code

NealScoppettuolo@gmail.com

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

For further information concerning this matter, please call:

Neal Scoppettuolo

813

484-5836

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

17 JUN -5 PM 11:50

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Pace Approved Services, 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 Liability Company were filed on 10/13/2016 and assigned
Florida document number L16000189311.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3710 Corporex Park Dr., Suite 100
Tampa, FL 33619

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, **Florida**
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 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>
AMBR	Dean Moss		<input type="checkbox"/> Add
		15114 N. 18th St., Lutz, FL 33549	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jeremy Bendorf	2911 Sutton Oaks Ct.	<input checked="" type="checkbox"/> Add
		Plant City, FL 33566	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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 DIVISION OF CORPORATIONS
 17 JUN - AM 10:50

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FILED
SECTION OF
DIVISION OF

17 JUN 50

E. Effective date, if other than the date of filing: June 1, 2017 (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.

Dated June 1 2017

Phil Sapper MHA

Signature of a member or authorized representative of a member

Neal Scoppettuolo

Typed or printed name of signee