

LO800087450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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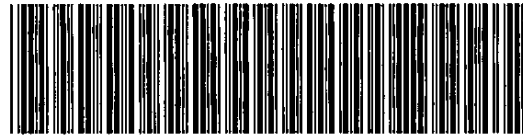
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

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MAR 31 2015  
D. BRUCE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LACE 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:

Ana Marques  
Name of Person

LACE Services LLC  
Firm/Company

3145 Gtms Tower Blvd Suite B  
Address

Clearmont FL 34711  
City/State and Zip Code

Paula Thomas 41 @ aol. com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANA Marques at (407) 920-0554  
Name of Person Area Code Daytime Telephone Number

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TALLAHASSEE, FL 32301

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Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

LACE SERVICES LLC

The Articles of Organization for this Limited Liability Company were filed on September 15, 2008 and assigned Florida document number L08000087450

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	Jacob Viola DR	3145 Citrus tower BLVD Clermont FL 34711	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AMBR	McDermott Stephanie	3145 Citrus tower BLVD Clermont FL 34711	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
	Sharma, Shaun		<input type="checkbox"/> Add
MGR	Shaun Sharma	3145 Citrus tower Suite B Clermont FL 34711	<input checked="" type="checkbox"/> Remove <input type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	ANA Marques ARNP-C	3145 Citrus Tower BLVD Suite B Clermont FL 34711	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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COUNTY CLERK'S OFFICE

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

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)*

Dated \_\_\_\_\_

\_\_\_\_\_  
Signature of a member or authorized representative of a member  
ANA MARQUES ARNP-C  
\_\_\_\_\_  
Typed or printed name of signee

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