LOEUCE 7450

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COVER LETTER

Division of Corporations
SUBJECT: LACE SERVICES LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fec(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
A Na Marque S Name of Person
LACE Services LLC. Firm/Company
3145 Gtrus TOWER BLVD Juite B
Clery/State and Zip Code
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 Pm 3 Name of Person Area Code Daytime Telephone Number 22 N
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$ \$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$ \$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$

TO: . Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LACE:	SERVICES LLC	
·	Liability Company as it now appears on our records Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number	ility Company were filed on <u>September</u> 87450	15,2008 and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	ne limited liability company here:	
The new name must be distinguishable and end with the wor	rds "Limited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>	283 AL ARE TO
B. If amending the registered agent and/or registered agent and/or the new registered offic		, enter the mann of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
		orida
	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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

	Manager Authorized Member				
<u>Title</u>	<u>Name</u>		Address		Type of Action
AMBR	Jacob	Viola DR	BLVD Clermont FI	5 toww 34711	Add Remove
Anbe	MCDen Stepho	mott 31	45 Citans tou BLVD element F/	34711	□ Add
	Sharima,				
MGR	Shaun	Sharma	3145 Citrus Suite B Clermont F	1347	Remove Add Remove
NGR	- AWA MO	nques INPC	3145 Citrus Suite B Clermont F	Tower 1 347	BLVI FADD
					Add _□ Remove

ctive date, if o	ther than the date of filing: (optional)
	ther than the date of filing: (optional) the specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the filed by the Florida Department of State)
	ther than the date of filing: (optional) the specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this filed by the Florida Department of State)
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