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12 MAY 29 ANTH: 29

B. BOSTICK
MAY 31 2012
EXAMINER

COVER LETTER

Registration Section

TO:

Division of Co	rporations			
SUBJECT:	PACE	COINS, LLC		
		ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
		MARK HATMAKER		
		Name of Person		
		Firm/Company		
	4729 DEAN DR			
		Address		
		PACE FL 32571		72
		City/State and Zip Code		
	E-mail address: (to be used for future annual repo	ort notification)	12 HAY 29 AH I
For further information	concerning this matter, please of	eall:		ANII:
MAR	K HATMAKER	at (_850_)_	994-1005	RF 12
Name	of Person	Area Code &	Daytime Telephone Number	\$ C
Enclosed is a check for t	he following amount:			
図\$25.00 Filing Fee To:FL DEPT はSTATE	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is er	nclosed) Certified	e of Status &
Regist Divisi P.O. E	LING ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	Registration Division of Clifton Buil	Corporations ding tive Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PA	CE COINS, LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now apper a Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on	09/02/2010	and assigned
Florida document numberL10000092512	•		
This amendment is submitted to amend the following:			·
A. If amending name, enter the new name of the li	mited liability company he	e <u>re</u> :	
The new name must be distinguishable and end with the w "L.L.C."	vords "Limited Liability Comp	pany," the designation "	'LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADI	DRESS)		= 3
			72 F
Enter new mailing address, if applicable:			S. C. T.
(Mailing address MAY BE A POST OFFICE BOX)			
			1: 29 1: 29
			Divi 9
B. If amending the registered agent and/or reg		our records, enter	the name of the nev
registered agent and/or the new registered office ac	<u>ldress here</u> :		
Name of New Registered Agent:			
New Registered Office Address: Enter Florida street address			
	-		
	City	, Florida _	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	GREGORY D SMITH, JR.	4729 DEAN DR PACE FL 32571	Add Remove
<u>MGRM</u>	MARSHA D DANIEL	4729 DEAN DR PACE FL 32571	✓ Add ☐ Remove
			Add Remove
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary	12 HAY
			29 AHII: 29
	M	ARK HATMAKER d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00