

L10000092512

v

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

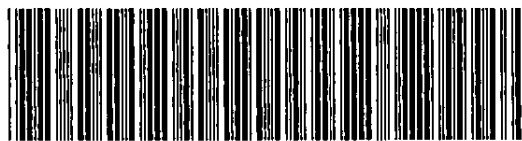
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
12 MAY 29 AM 11:29  
TALLAHASSEE, FLORIDA

B. BOSTICK  
MAY 31 2012  
EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PACE COINS, 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:

MARK HATMAKER

Name of Person

PACE COINS, LLC

Firm/Company

4729 DEAN DR

Address

PACE FL 32571

City/State and Zip Code

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

For further information concerning this matter, please call:

MARK HATMAKER

Name of Person

at ( 850 ) 994-1005  
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee  
*TO: FL DEPT. OF STATE*
- ☐ \$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

12 MAY 29 AM 11:29  
TALLAHASSEE, FLORIDA

PACE COINS, LLC

Page 1 of 2

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>	<u>Type of Action</u>
MGRM	GREGORY D SMITH, JR.	4729 DEAN DR	<input checked="" type="checkbox"/> Add
		PACE FL 32571	<input type="checkbox"/> Remove
MGRM	MARSHA D DANIEL	4729 DEAN DR	<input checked="" type="checkbox"/> Add
		PACE FL 32571	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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\_\_\_\_\_

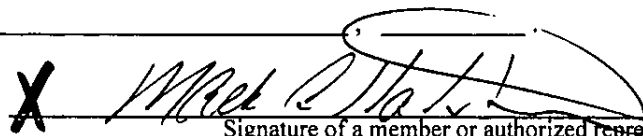
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ALLIANCE OF STIMULUS  
FLORIDA

12 MAY 29 AM 11:29

Dated \_\_\_\_\_

X 

Signature of a member or authorized representative of a member

MARK HATMAKER

Typed or printed name of signee