## 110000092512

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B. BOSTICK
SEP 1 1 2012
EXAMINER

## **COVER LETTER**

TO:	Registration Se Division of Cor				•
SUBJE	ECT:	PACE	COINS, LLC		
20201			ited Liability Company		
The en	closed Articles of	Amendment and fee(s) are sul	bmitted for filing.		
Please	return all correspo	ondence concerning this matter	r to the following:		
MARK HATMAKER					
			Name of Person		
			PACE COINS, LLC Firm/Company		
			T title Company		
	4729 DEAN DR Address				
					7
	PACE FL 32571 City/State and Zip Code			12	
					AHA. SEP
			to be used for future annual report not	ification)	SSTO
For fur	ther information c	oncerning this matter, please	call:		
		K HATMAKER	at ( <u>850</u> )	994-1005	
	Name o	f Person	Area Code & Dayti	me Telephone Number	À. 7
Enclos	ed is a check for the	ne following amount:			
7:	5.00 Filing Fee LORIDA STRTE	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certified	te of Status &
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUF Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PA( Name of the Limited Liabili	CE COINS, LLC	rs on our records.)	<del></del>	
( <u>Name of the Limited Liabili</u> (A Florida	Limited Liability Company)	,		
The Articles of Organization for this Limited Liability Florida document numberL1000092512	Company were filed on	09/02/2010	and assign	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company he	<u>re</u> ;		
The new name must be distinguishable and end with the we"L.L.C."	ords "Limited Liability Comp	any," the designation "	LLC" or the abb	reviation
Enter new principal offices address, if applicable:			,=4	
(Principal office address MUST BE A STREET ADD	PRESS)		12 ALL	
			SEF	uznami.
			ASS ASS	Allertoness Fortuness
Enter new mailing address, if applicable:				11
(Mailing address MAY BE A POST OFFICE BOX)				J
B. If amending the registered agent and/or regi	stered office address on	our records, enter	. >>	he new
registered agent and/or the new registered office ad	dress here:		<u></u>	
Name of New Registered Agent:				
New Registered Office Address:				<del></del>
	Ei	nter Florida street add	dress	
	C'.	, 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 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>		Address	Type /	of Action
MGRM	GREGORY D SMITH		4729 DEAN DR PACE FL 32571	Ad ✓ Rer	d nove
····		<del></del>		☐ Add	d nove
· 				Add	d nove
*****				Adı	
				Add Ren	
	<del></del>			Add	
D. If amend	ding any other information, e	enter change(s)	here: (Attach additional sheets, if ne		12
_				AHASBEE	SEP I
 Dated	SEPTEMBER 4	, <del>2012</del>			
	X ////CEL Signature		authorized representative of a member		
			A. HATMAKER printed name of signee		

Page 2 of 2

Filing Fee: \$25.00