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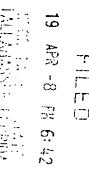
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APR 15 2019
S. YOUNG



COVER LETTER

	ision of Cor					
SUBJECT:	PASCOE PLANNING SERVICES, LLC					
3022011	Name of Limited Liability Company					
The enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspor	ndence concerning this matter	to the following:			
		HUBERT L. PASCOE, JR				
			Name of Person			
		PASCOE PLANNING SE	RVICES, LLC			
			Firm/Company			
		150 BELLEVIEW BLVD,	#105			
		4-3-	Address			
		BELLEAIR, FI. 33756				
		PASCOEPLAN@TAMPA	City/State and Zip Code BAY.RR.COM			
		E-mail address: (to be used for future annual report notifi	cation)		
For further in	nformation co	oncerning this matter, please ca	all:			
HUBERT PA	ASCOE		727 754-6494 at ()			
	Name of	Person		Telephone Number		
Enclosed is a	check for the	e following amount:				
■ \$25.00 F	iling Fee	□ \$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PASCOE PLANNING SERVICES, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on JANUARY 14, 2011	and assigned
Torida document number L11000008763		_
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	150 BELLEVIEW BLVD, #105	
Principal office address MUST BE A STREET ADDRESS)	BELLEAIR, FL 33756	7-2 6
		图 表 力
nter new mailing address, if applicable:	150 BELLEVIEW BLVD, #105	1 - 8 F
Mailing address MAY BE A POST OFFICE BOX)	BELLEAIR, FL 33756	
		10 S
. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here. Name of New Registered Agent:	ffice address on our records, <u>en</u>	ter the name of the
New Registered Office Address:	Enter Florida street address	
		_
	, 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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	FRANCES MEDWICK	150 BELLEVIEW BLVD, #105, BELLEAIR, FL 33756	 Add
			Remove
			Change
		·	□ Add
			Remove
			Change
			
			Remove
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			Add
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			☐ Change
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			☐ Change
			□ Remove
			☐ Change

Effective date, if other than the date of filing: (If an effective date is listed, the date mass be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 (3) Marg. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: b) The 90th day after the record is filed. Dated 3-24 Signature of a member or authorized representative of a member		
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		Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00