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SECRETARY OF STATE TALLAHASSEE, FLORIDA

MAR 0 9 2016 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Pace Florist & Gift Shop, 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:
Robert A. Archer
Hummingbirds Flowers & Fifts
4111 N. Cambridge Way
City/State and Zip Code
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Elizabeth Mezza at (850) 384-6957 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\Begin{align*} \$\sum_{\cur_{\sum_{\sum_{\sum_{\sum_{\sum_{\sum_{\sum_{\sum_{\cur_{\sum_{\cur_{\sum_{\sum_{\sum_{\sum_{\sum_{\cur_{\cur_{\sum_{\sum_{\cur_{\sum_{\sum_{\sum_{\sum_{\cur_{\cur_{\cur_{\cur_{\cur_{\cur_{\cur_{\sum_{\sum_{\sum_{\sum_{\cur_\cur_{\cur_\cur_{\cur_\cur_\cur_\cur_\cur_\cur_\cur_\cur_
Certificate of Status Certified Copy (additional copy is enclosed) 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

Pace Florist Loif- (Name of the Limited Liability Compa	t Shop, LLC	
(Name of the Limited Liability Compa (A Florida Limited I	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L/60001793</u> 8	were filed on <u>2/26/16</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab Humming birds Flowers The new name must be distinguishable and contain the words "Limited Liabi	2 Gifts LC	previation "L.L.C."
Enter new principal offices address, if applicable:	4861 W. Spence	- Field Rd
(Principal office address MUST BE A STREET ADDRESS)	Pace F1 325	7/ =
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		ALLAHASSE TARY
B. If amending the registered agent and/or registered or registered or registered agent and/or the new registered office address her		the name of the new
	<u>.</u>	
Name of New Registered Agent:		*,, ,
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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00