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(Requestor's Name)	
(Address)	_
(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
(Address)	
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PICK-UP WAIT MAIL	
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Special Instructions to Filing Officer:	

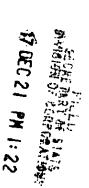
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M. MILLIGAN DEC 21 2017

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Flawless	Initorial Se	rices LLC
	Name of Limit	led Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ondence concerning this matter t	o the following:	
	Juan	Name of Person	e/
	P.0.30	+ 2114	
	Tallches	Sec Fl 32	316
	Juan i be @ E-mail address: (1	City/State and Zip Code Flewless years for a cook to be used for future annual report notifications.	1 Services . C
For further information	concerning this matter, please ca	all:	
Juanite Name	of Person	at (<u>KU</u>) <u>760 -</u> Area Code Daytime	CYCY Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing 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

Pace?	
LLC	4

The Articles of Organization for this Limited Liability Company were filed on Florida document number \(\begin{align*} \loring \text{OCO O 6581} \\ \end{align*}. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = N $AMBR = A$	lanager athorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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F Effective	e date, if other than the date of filing:		
230 23110000	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pur the date inserted in this block does not meet the applicable statutory filing requirements, this date will	suant to 60 not be lis)5.020 ited a
Hf an effec	t's effective date on the Department of State's records.		
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Filing Fee: \$25.00