L16000148436

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:
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MAY 2 3 2017

COVER LETTER

Division of C	orporations		
Pa SUBJECT:	ace Kid's Place LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Jennifer Nicole Smith		
		Name of Person	
	Pace Kid's Place LLC		
		Firm/Company	
	799 Lake Ridge Ln		
		Address	
	Pensacola, FL 32514		
		City/State and Zip Code	
	mohill2024@yahoo.com		
	E-mail address: (to be used for future annual report notifi	cation) .
For further information	concerning this matter, please ca	all:	
Jennifer Nicole Smith		850 . 712-5877 at ()	
Name	of Person	Area Code Daytime	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

TO:

Registration Section

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 Kid's Place LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records lited Liability Company)	s.)
The Articles of Organization for this Limited Liability Comp	pany were filed on 08/09/2016	and assigned
Florida document number L16000148436		
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 1	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter many marking address (6 - 1)		A. 13
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		HADE 17 22
		Me a little
B. If amending the registered agent and/or registered	d office address on our records,	enter the name of the new
registered agent and/or the new registered office address	<u>here</u> :	RAD B
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		rida
	City	Zip Code

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

Title	<u>Name</u>	Address	Type of Action
AMBR	Raymond Becker	4706 Bayside Blvd.	
		Milton, FL 32583	■ Remove
			Change
AMBR	Danielle Becker	4706 Bayside Blvd.	
		Milton, FL 32583	■ Remove
			Change
AMBR	Jennifer Nicole Smith	799 Lake Ridge Ln.	■ Add
		Pensacola, FL 32514	□ Remove
			Change
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			Remove
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PP			————— □ Remove
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Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee