# 11700154243

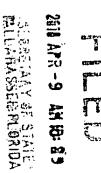
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Special Instructions to Fi	iling Officer:	
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## ; CÔVER LETTER

ΓO: Registration Section Division of Corporations
SUBJECT: THE LOVE PAC 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:
WILLIAM SOLTNER Name of Person  THE LOVE PAC (LC Firm/Company)
THE LOVE PAC LLC
624 NORTH C STREET
LAKE Word FL. 33460  City/State and Zip Code  THELO FORTHE PACEOMAIL. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Wylliam Souther at (561) 370 833 4  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{S30.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \$\times \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\times \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \$\$100

#### 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

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears of Liability Company)	on our records.)	· · ·	
The Articles of Organization for this Limited Liability Company		_	and as	ssigned
	y were med on		7 and a	signed
Florida document number <u>L17000154243</u>				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lial	bility company here	:		
The new name must be distinguishable and contain the words "Limited Liab	vility Company," the desi	gnation "LLC" or the	abbreviation "l	L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>		
			<b>7</b> . 6.	_
				Cana.
Enter new mailing address, if applicable:				1 6
(Mailing address MAY BE A POST OFFICE BOX)	-		SS	SEALON NA.
<u> </u>			FUGA	Bandiva .
				Transition (
B. If amending the registered agent and/or registered of	office address on o	our records, <u>ente</u>	on in its in it	of the n
registered agent and/or the new registered office address he	<u>re</u> :		So G	
Name of New Registered Agent:				
New Registered Office Address:				
New Registered Office Address.	Enter Floride	ı street address		
		, Florida _		
==	City	, Fibrida _	Zip Code	,
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>			
I hereby accept the appointment as registered agent and ag	ree to act in this co	navity I further a	oraa to com	inly with t

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage,  $\underline{enter}$  the title, name, and address of each person being added  $\underline{or}$  removed from our records:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	William SOLTNER	624 N.C. ST	
		LAKE WORTH	□ Remove
		FL. 33460	Change
			Add
		· · · · · · · · · · · · · · · · · · ·	Remove
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			□ Remove
			□ Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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e: I ume reco	ve date, if other than the date of filing:
ed _	4.4.2018
ed _	Sulmya Golfer Bir B
ed _	Signature of a member or authorized representative of a member
ed_	Signature of a member or authorized representative of a member  Sufanya Sollner
ed_	Signature of a member or authorized representative of a member  Suttany a Soldner  Typed or printed name of signee
ed _	Signature of a member or authorized representative of a member  Sufanya Sollner