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## **COVER LETTER**

Division of Cor	rporations							
3016 PACI	E STREET, LLC							
SUBJECT:								
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.						
Please return all correspo	ondence concerning this matter	to the following:						
	Sarah Geltz, Esq.							
		Name of Person						
	Kendrick Law Group							
		Firm/Company						
	630 N. Wymore Rd., Suite	370						
	Address							
	Maitland, FL 32751							
		City/State and Zip Code						
	E-mail address: (	to be used for future annual report notif	ication)					
For further information c	oncerning this matter, please c	all:						
		at ()						
Name of Person		at () Area Code Daytime	e Telephone Number					
Enclosed is a check for the	he 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)					

TO:

Registration Section

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3016 PACE STREET, LLC

company has been notified in writing of this change.

2320 SE: -9 Rei 7: 46

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) \_\_\_\_\_ and assigned The Articles of Organization for this Limited Liability Company were filed on Florida document number 1.20000108694 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 "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 9 E Yale St Enter new mailing address, if applicable: Orlando, FL 32804 (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

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

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