

121000322538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

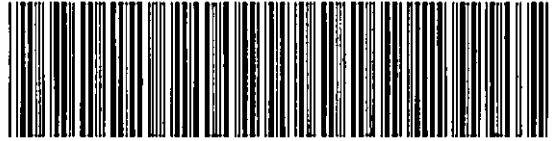
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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T. MATTHEWS

DEC 14 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 11 22 10:05

1E

November 22, 2021

JAMARI PACE
905 LAKE LILY DR, APT C117
MAITLAND, FL 32750

SUBJECT: PACE MOTORS, LLC
Ref. Number: L21000322538

We have received your document for PACE MOTORS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

IF AMENDING AUTHORIZED PERSON(S) YOU MUST ENTER THE TITLE, NAME, AND ADDRESS FOR EACH PERSON BEING ADDED, REMOVED, OR CHANGED FROM OUR RECORD.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews
OPS

Letter Number: 121A00028264

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pace Motors 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:

Jamari Pace
Name of Person

Pace Motors, LLC
Firm/Company

905 Lake Lily Dr. Apt C117
Address

Maitland FL 32750
City/State and Zip Code

Pace Motors@outlook.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jamari Pace at (407) 907-9977
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
Tallahassee, FL 32314

Street Address:

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

TO
ARTICLES OF ORGANIZATION
OF

Pace Motors LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

21 DEC -7 PM 3:14

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number _____

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1966 Corporate Square
Longwood, FL 32750

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

905 Lake City Dr. Apt. C11
Maitland, FL 32751

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

_____, Florida _____
City 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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Jamari Pace	905 Lake Lily Dr ^{APT}	<input checked="" type="checkbox"/> Add
		117 Maitland FL, 32751	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Tamica Shines	216 McKay BLVD	<input type="checkbox"/> Add
		Sanford, FL, 32771	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Sydonie Myers	216 McKay BLVD	<input type="checkbox"/> Add
		Sanford, FL, 32771	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

21 DEC -7 PM 3:14

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated _____

Signature of a member or authorized representative of a member

Jamari Pace

Typed or printed name of signee