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SECRETARY OF STATI

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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Sec Division of Corp			
SUBJECT: <u>Ora</u>	rlie Pace	LLC	
		ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Diagna matumi all animacino	ndence concerning this matter	to the fellowing:	
riease return an correspon	ndence concerning this matter	to the following.	
	Donna	Pace- Name of Person	
	Charlie	Pace LLC Firm/Company	<u> </u>
	P.O. BOX ?	Address	
	Copeland.	City/State and Zip Code CMUSIC Q GY o be used for future annual report notification	4137
	Charlie Dac E-mail address: (1	emusic Corrections of the control of	mail Cum
For further information co	oncerning this matter, please ca	all:	
Don rc. (Name of	Person	at (23°1) 28°9 - Area Code Daytime T	3109 Telephone Number
Enclosed is a check for th	e 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 S		Street Address: Registration Secti	On
Division of Co		Division of Corpo	
P.O. Box 632		The Centre of Tal	

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

OF

2022 MAR 25 AM 7: 15

Charlie Pace LISEORETARY OF STATE
(Name of the Limited Liability Company as it now appears on Address of St.E., (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on <u>XMURITY 14</u> and assigned Florida document number <u>L220000301.35</u>
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 "L.L.C." or the abbreviation "L.L.C."
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: DODOG Pace
New Registered Office Address: 515 WEBB ROCK Enter Florida street address
Copeland, Florida B4137
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, 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>	Address	Type of Action
MGR	Charlie Pace	P. O. Box 5 - 515 Wek Cope Kinch Fl. 34137	_bXndd
			□Remove
			□Change
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an eff <u>lote:</u>	tive date, if other than the date of filing:
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recor l is fi	rd 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 iled.
ated	March 22, 2022
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member
	Dance Mace

THE E. CARAG