## L22000235939

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## **COVER LETTER**

ion Section of Corpora					
I SMITH F	UNDING, LLC				
	Name of Limi	ited Liability Company			
The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  SILVIO ZUCCARELLI  Name of Person  STONERDIGE CONSULTING, LLC  Firm/Company  4527 N.W. 51 STREET  Address  COCONUT CREEK, FL 33073  City/State and Zip Code  SILVIOZ@COMCAST.NET  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  SILVIO ZUCCARELLI  954  591-5663					
orresponden	ce concerning this matter	to the following:			
S	SILVIO ZUCCARELLI				
_	1.31	Name of Person			
S	STONERDIGE CONSULT	TING, LLC			
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Tallahassee, FL 32303

Stoneridge Consulting, LLC 4527 N.W. 51st Street Coconut Creek, FL 33073 954-591-5663 silvioz@comcast.net

August 8, 2022

Florida Department of State ATTN: Hyacinth Leblanc

RE: Paci Smith Funding, LLC

Doc# L22000235939 Articles of Amendment

Dear Ms. Leblanc:

Pursuant to our telephone conversation on Friday, August 5, 2022, attached are the Articles of Amendment for my client referenced above. Please submit this to someone in the Amendment department that is able to process it as soon as possible. I indicated to you that the timing is very crucial.

Your prompt attention to this matter is greatly appreciated. Thank you so much!

Sincerely,

STONERIDGE CONSULTING, LLC

H Ill

Silvio Zuccarelli Enrolled Agent

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 AUG 10 PM 1: 20

PACESMITH FUNDING, LLC

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

(A Florida Limited Liability Company)

TALEAHASSEE FI

(4	A Florida Elimited Elaolitty Company)	WIMOSEL, 1
The Articles of Organization for this Limited Lia Florida document number L22000235939		and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u></u>	
B. If amending the registered agent and/or reagent and/or the new registered office address		the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	•
		orida
	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 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 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
AM	CATHERINE PACI	7955 PICKLEWOOD PARK DRIVE	
		BOYNTON BEACH, FL 33437	≣Remove
			□Change
AMBR	CATHERINE PACI	7955 PICKLEWOOD PARK DRIVE	■Add
		BOYNTON BEACH, FL 33437	□Remove
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