(Re	equestor's Name)			
(Address)				
(Ac	ldress)			
(Ci	ty/State/Zip/Phone	⇒ #)		
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JAN 13 2016

R. WHITE

## **COVER LETTER**

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: PACE AND LOVE ENTERPRISES INDOCUMENT NUMBER: P110000 84088
DOCUMENT NUMBER: PILOGOO 84088
The enclosed Articles of Amendment and fce are submitted for filing.
Please return all correspondence concerning this matter to the following:
David A. Nail
Diverified Accounting ! TAX LLC
4933 S. Westshore Blud
TAM PA FL 33611  City/ State and Zip Code
E-mail address (to be used for future annual report notification)
For further information concerning this matter, please call:
DAVIDA. NAIL COA at (813) 658-3650  Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing Address  Amendment Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  Street Address  Amendment Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301

	FILED
	Amendment
	ncorporation 30
	SECRETARY OF STATE TALLAHASSEE FLORIDA
reace And Love En	
(Name of Corporation as curren	atly filed with the Florida Dept. of State)
P (10000 8	4088
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporating "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	and the state of t
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4933 S. Westshone Blud TAMPA FL 33611
D. If amending the registered agent and/or registered office ad	ldress in Florida, enter the name of the
new registered agent and/or the new registered office addre	
Name of New Registered Agent DAVIL	L. NAIL < PA
4977 <	MOSTShare Ruc
(Florida	street address)
New Registered Office Address:	h 1A , Florida 336 [ 1 (City) , Zip Code)
New Registered Agent's Signature, if changing Registered Age	nt:
I hereby accept the appointment as registered agent. I am familia	r with and accept the obligations of the position.
Went	a Mail CPA
Signature of New	w Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:	
X Change	PT John Doe
X Remove	<u>V</u> <u>Mike Jones</u>
X Add	SV Sally Smith
Type of Action (Check One)	Title Name Address
1) Change	PO Marie Autoinette Rahette
Add Remove	13335 RAWKIN Dr New Port Richay FL 34655
2) Change	VPD MARIE ANTOINEHE Rockette 3335 RAWKIN Dr
AddRemove	New Port Richay, FL. 34655 STD MARI'E Antoinette Rochette
3 ) Change Add Remove	New Port Riche, FC 3465
4) Change Add Remove	COO Louie Victoria Hudson 4818 W. FLAmingo Rd TAMPA, FL 33611
5) Change Add	PST John Weldy 4933 S. Westshone Blud TAMPA FL 33611
Remove  Change	
Add	
Remove	

L. If amending or adding addition (Attach additional sheets, if neces	ial Articles, enter chi ssary). (Be specific)	ange(s) here:			
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If an amendment provides for	an avahanaa raalass	ification or cano	callation of issued	charac	
provisions for implementing t	he amendment if not	contained in the	amendment itse	lf:	
(if not applicable, indicate	N/A)				
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	N/A	·	<del></del>		
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The date of each amendment(s) adoption: DECEABET 12, 2015 if other than the date this document was signed.
Effective date if applicable:
(no more than 90 days after amendment file date)
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.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes east for the amendment(s) was/were sufficient for approval
by
(voing group)
☐ The amendment(s) was were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 12-12-15
Signature Layfon Wold, Layfon Wya director, president or other officer - if director or officers have not been
selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
John Clay for Weldy Jr (Typed or printed name of person signing)
Pies ident (Title of person signing)