P16000008909

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2021 NOV 23 AM 10: 44
SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Space 23 Inc				
	BER: P16000008909				
	s of Amendment and fee are su	ibmitted for filing.			
Please return all corr	espondence concerning this ma	nter to the following:			
	Samuel Tactuk				
	Name of Contact Person				
	Space 23 Inc				
	<u>'</u>	Firm/ Company			
	451 SW Lucero Dr				
		Address	·		
	Port Saint Lucie, FL 34983				
		City/ State and Zip Cod	e e		
	samueltm21@gmail.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further informati Samuel	on concerning this matter, plea		6267230		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check t	or the following amount made				
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address			Address		
Amendment Section		Amendment Section			
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee			
Tatlahassee FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

N/A

FILED

2021 NOV 23 AM 10: 44

	6.63	1 C 1 1 10 1 C 1 1 D 1 6	S. A. SECRETARY DE S
(<u>Name (</u> N/A	of Corporation as current	ly filed with the Florida Dept. of :	State) SECRETARY OF S TALLAHASSEE, FL
	(Document Number of	of Corporation (if known)	
ursuant to the provisions of section 607. s Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adopts	the following amendment(s) to
. If amending name, enter the new n	ame of the corporation:		
1/A			The new
ame must be distinguishable and contain Inc.," or Co.," or the designation "C chartered." "professional association."	"orp," "Inc," or "Co".	A professional corporation name	ne abbreviation "Corp.,"
Entar non-principal office address	if annlicable	N/A	
 Enter new principal office address, Principal office address <u>MUST BE A S</u> 			
 Enter new mailing address, if appl (Mailing address MAY BE A POST 		N/A	
(1)	<u>,,</u>		
			
			C 43.
 If amending the registered agent an new registered agent and/or the new 			<u>i tite</u>
	N/A	_	
<u>Name of New Registered Agent</u>	-		
		reet address)	
New Registered Office Address:	N/A	- 44.7-	orida
		(City)	(Zip Code)
ew Registered Agent's Signature, if c hereby accept the appointment as regist			the position
and the second second	,		··· / · · · · · · · · · · · · · · · · ·
	Signature of New 1	Registered Agent, if changing	
Theck if applicable			

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	<u>PT</u>	John Doe			
X Remove	<u>v</u>	Mike Jones			
X Add	\underline{SV}	Sally Smith			
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s		
1) Change	T	Katherine N Irizarry	605 Ixoria Ave Apt 5,		
Add			Fort Pierce, Fl. 34982		
X Remove					
21 Change					
Add					
Remove 3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change	 -				
Add					
Remove					
6) Change			,,		
Add					
Remove					

If amending or Attach additiona	adding additional Articles, e il sheets, if necessary). (Be	enter change(s) hero specific)	<u>e</u> :		
Λ	• • • • •	• • •			
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If an amendmen	<u>it provides for an exchange,</u>	<u>, reclassification, or</u>	cancellation of iss	sued shares,	
provisions for	implementing the amendme icable, indicate N/A)	nt if not contained i	in the amendment	<u>itself:</u>	
	cane, macue (va)				
A	<u> </u>	. ,		<u> </u>	
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	N/A	
The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
N/A		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blodocument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will partment of State's records.	Il not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adoption was not required.	oted by the incorporators, or board of directors without shareholder action and	d sharcholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) licient for approval.	
	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes east f	or the amendment(s) was/were sufficient for approval	
by N/A	·	
	(voting group)	
Dated	2 AM	
selected	by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that tiduciary)	
:	Samuel Tactuk	
-	(Typed or printed name of person signing)	
7	President	
-	(Title of person signing)	