

(Requestor's Name)				
(Address)				
(Ad	idress)	,		
(Cit	ty/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL.		
(Bu	siness Entity Nam	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
		·		
_				

Office Use Only

G. MCLEOD

JUL 1 0 2012

EXAMINER



900235545969

05/25/12--01011--021 **25.00

Sof

12 JUL -9 PM 2:59

COVER LETTER

TO:

P.O. Box 6327 Tallahassee, FL 32314

TO:	Registration Sec Division of Corp			a.,	
SUBJE	E C T∙	The Space Co	oast Rocket Jocke	vs	
50101			ted Liability Company		
The en	closed Articles of A	mendment and fee(s) are sub	omitted for filing.		
Please	return all correspon	dence concerning this matter	to the following:	·	
Kristen Lulewicz					
			Name of Person		
The Space			Pace Coast Rocket Jo Firm/Company	ckeys	
656 Manor Place, West Melbourne, 32904					
			Address		
		We	st Melbourne, FL 329	04	
			City/State and Zip Code		
		E-mail address: (i	spacecoastrocketjoc to be used for future annual rep	keys.com ort notification)	
For fur	ther information co	ncerning this matter, please c	eall:		
		en Lulewicz	at (321)	917-5637	
	Name of	Person	Area Code &	Daytime Telephone Number	
Enclose	ed is a check for the	following amount:			
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	nclosed) Certified (of Status &
		NG ADDRESS:		COURIER ADDRESS:	
		tion Section of Corporations 6327	Registration Division of Clifton Bui	Corporations	

2661 Executive Center Circle Tailahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

The Spa (Name of the Limited (A	ce Coast Rocket Jockey Liability Company as it now appea Florida Limited Liability Company)	s, LLC urs on our records.)	
The Articles of Organization for this Limited L	ability Company were filed on	07/25/2011	and assigned
Florida document numberL11000085	<u>5018</u> .		
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	the limited liability company he	<u>re</u> :	
The new name must be distinguishable and end win	h the words "Limited Liability Comp	any," the designation "	LLC" or the abbreviation
			75
Enter new principal offices address, if applic			
(Principal office address MUST BE A STREE	<u>TADDRESS)</u>		- 14 - 14 - 14 - 14 - 14 - 14 - 14 - 14
			<u>~</u>
			PH 2:
Enter new mailing address, if applicable:			_ 2 ≥ 2 − − − − − − − − − − − − − − − − − −
(Mailing address MAY BE A POST OFFICE	BOX)		9 9
B. If amending the registered agent and/oregistered agent and/or the new registered of		our records, enter	the name of the new
Name of New Registered Agent:	Kristen Lulewicz		
New Registered Office Address:	957 Piedmont Ave NE		
	Er	nter Florida street add	dress
·	Palm Bay	, Florida	32907
	City	, =	Zip Code
New Registered Agent's Signature, if changing I	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 608, 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.

Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

Title Name Address Type of Action

Title	Name	Address	Type of Action
MGR	Kristen Lulewicz	957 Piedmont Ave NE Palm Bay, FL 32907	Add Remove
MGR	Tony Licalzi	656 Manor Place West Melbourne, FL 32904	Add Remove
<u>MGRM</u>	Michelle Keating	898 AACHEN AVE NW	Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendi	ng any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	
			_
			
Dated <u>J</u>	Salila?		
-	Bobbi You	or authorized representative of a member or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00