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(Requestor's Name)
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(City (Chang Zin (Dhana 45)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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## **COVER LETTER**

TO:		ration Sec on of Corp											
SUBJE	ECT:	SPACE	ELAMP	(0)	LLC								
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Please	return all	correspon	dence conce	rning this	s matter to	the follo	owing:						
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Enclose	ed is a ch	eck for the	following a	ımount:									
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		Registra	NG ADDRE				Registra	ation	OURIER Section Corporation		RESS:		

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SPACECAMP CO, LLC		
( <u>Name of the Limited Liability Company</u> (A Florida Limited Lia	r as it now appears on our records.) ability Company)	
	. 1 . 1	
The Articles of Organization for this Limited Liability Company w	vere filed on 9/25/2012	and assigned
Florida document number12 ### 122551	,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
FUTURE FRIENDS LLC		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abb	previation "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 offi	ice address on our records enter	the name of the new
registered agent and/or the new registered office address here:		the name of the new
		2018 SEL
Name of New Registered Agent:		10 B
		- HE - 17
New Registered Office Address:	Enter Florida street address	- SS 5:
		다 다 고 <b>(1</b> )
	, Florida	READ D
N Berger at Land and St. Communication of the state	Cuy	10 State
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, <u>enter the title, name, and address of each person\_being added</u> <u>or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	DANIELLE BRODERIEN	530 ANDERSON STREET	<b>X</b> Add
		ST. AUGUSTINE, FL 37084	□ Remove
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Filing Fee: \$25.00