

#L14000078105

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2014 JUL 21 PM 4:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER

JUL 23 2014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SPACE COAST VALET  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tyler Phillips  
Name of Person  
Space Coast Valet llc.  
Firm/Company  
PO Box 500620  
Address  
Malabar, FL 32950  
City/State and Zip Code  
spacecoastvalet@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tyler Phillips at ( 321 ) 795-3309  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing Fee    ☐ \$30.00 Filing Fee & Certificate of Status    ☒ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

STREET/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Space Coast Vale + LLC.  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 5/14/2014 and assigned Florida document number L14000078105.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1122 Abbey Circle NE  
Palm Bay, FL, 32905

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. BOX 500130  
Melbor, FL, 32950

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Christopher L Keefe

New Registered Office Address:

1122 Abbey Circle, NE

Enter Florida street address

Palm Bay

City

Florida

Zip Code

32905

**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.

Ch L Keefe

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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MGR	Richard J. Quinn	1214 Herbling ST	<input type="checkbox"/> Add
		Palm Bay, FL, 32902	<input checked="" type="checkbox"/> Remove

AMBR	Tyler, W. Phillips	4150 Rosewood ave	<input checked="" type="checkbox"/> Add
		Malabar, FL, 32950	<input type="checkbox"/> Remove

AMBR	Christopher, L. Keefe	1122 Abbey Circle NE	<input checked="" type="checkbox"/> Add
		Palm Bay, FL, 32905	<input type="checkbox"/> Remove

			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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TALLAHASSEE, FL

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated \_\_\_\_\_

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
  
Tyler Phillips  
\_\_\_\_\_  
Typed or printed name of signer

Page 3 of 3  
Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA