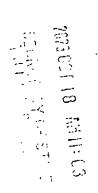


(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer





10/18/23--01027--022 **50.00



COVER LETTER

TO: Registration Division of C						
	CES LLC					
SUBJECT:	Name of Lin	nited Liability Company				
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.				
Please return all corres	spondence concerning this matter	to the following:				
	Juliana Newman Fernando	ez				
		Name of Person				
	AISPACES LLC					
		Firm/Company	* *** <u>*</u> ***			
	2900 SW 28th Terrace Su	ite 502				
		Address				
	Miami, Florida 33133		. 29			
		City/State and Zip Code				
	oaragon@aeispaces.com		그 의			
For further informatio	n concerning this matter, please c	(to be used for future annual report not call:	ification) 18 in 11: 03			
Juliana Newman Fern	andez	917 434-1648 at ()				
Nam	e of Person	Area Code Daytin	ne Telephone Number . ັບ			
Enclosed is a check to	or the following amount:					
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Add		Street Address:	ction			
Registration Section Division of Corporations		Registration Se Division of Cor				
P.O. Box 6	5327	The Centre of T	The Centre of Tallahassee			
Tallahassee	e. FL 32314	2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLÉS OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AISPACES LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{02/18/2015}{1}$ ____ and assigned Florida document number L15000030344 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/Λ The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/Λ Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida <u>__</u>

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
	Scott Lasky	3330 NE 34th St Fort Lauderdale, FL 33308	■Add
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Address: 3330 NE 34th St For	rt Lauderdale, FL 33308					
						
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record specifies a delayed effective is filed.	e date, but not an effective t	time, at 12:	01 a.m. on the	earlier of: (b)	The 90th	day after the
October 12th	2023		2 : ~	1		
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Filing Fee: \$25.00