

L15000112123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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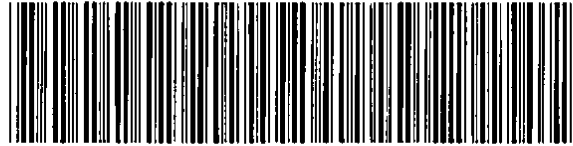
(Business Entity Name)

(Document Number)

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09/18/23--01015--002 **25.00

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COVER LETTER

Registration Section
Division of Corporations

SUBJECT: Space Coast Bounce, LLC
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:

Steven W. Turrill II
Name of Person

Space Coast Bounce, LLC
Firm/Company

3941 Burkholm Rd
Address

Mims, FL 32754
City/State and Zip Code

steven.turrill@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steven W. Turrill II at (321) 914-7360
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Space Coast Bounce, 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 06/29/2015 and assigned Florida document number L15000112123.

This amendment is submitted to amend the following:

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

N/A

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

2. Enter new principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS

3941 Burkholm Rd.

Mims, FL 32754

3. Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

4. 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:

Steven W. Turrill II

New Registered Office Address:

3941 Burkholm Rd

Enter Florida street address

Mims

City

Florida

32754

Zip Code

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.

Steven Turrill II

If Changing Registered Agent, Signature of New Registered Agent

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

GR = Manager

MBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Steven W. Turrill II	3941 Burkholm Rd	<input checked="" type="checkbox"/> Add
		Mims, FL 32754	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jaime B. Lugo	214 3206 S. Hopkins Ave	<input type="checkbox"/> Add
		Suite 229A	<input checked="" type="checkbox"/> Remove
		Titusville, FL 32780	<input type="checkbox"/> Change
MGR	Melissa Lugo	3206 S. Hopkins Ave	<input type="checkbox"/> Add
		Suite 229A	<input checked="" type="checkbox"/> Remove
		Titusville, FL 32780	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Effective date, if other than the date of filing: _____ **(optional)**
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ord is filed.

Dated 09/12, 2023.

Melissa E. Lugo
Signature of a member or authorized representative of a member

Melissa Lugo, mgr
Typed or printed name of signee