

L15 000123178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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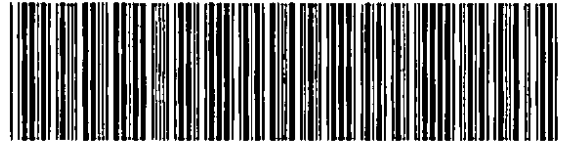
(Business Entity Name)

(Document Number)

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T. MATTHEWS

DEC 22 2021

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Space Coast Life Saverz 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:

Tasha MORRIS

Name of Person

Firm/Company

1433 Cowart Ave

Address

Melbourne, FL 32935

City/State and Zip Code

K2SleepLLC@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tasha MORRIS

Name of Person

at (352) 615.3758

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 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 Life Saverz 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 2.3.21 and assigned  
Florida document number L15000123178

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 contain 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)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

1433 COWART AVE  
Melbourne, FL  
32935

**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:

Tasha MORRIS

New Registered Office Address:

1433 COWART AVE, Apt

Enter Florida street address

Melbourne

City

Florida

32935

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.*

Tasha MORRIS

**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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Tasha MORRIS	1433 Cowart Ave	<input checked="" type="checkbox"/> Add
		Melbourne, FL	<input type="checkbox"/> Remove
		32935	<input type="checkbox"/> Change
MGR	Jeff MORRIS	1433 Cowart Ave	<input checked="" type="checkbox"/> Add
		Melbourne, FL	<input type="checkbox"/> Remove
		32935	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Steve MOORE	116 Windward Way	<input checked="" type="checkbox"/> Add
		Indian Harbour	<input checked="" type="checkbox"/> Remove
		Beach, FL 32937	<input type="checkbox"/> Change
AMBR	Arlene CARLSEN	116 Windward Way	<input type="checkbox"/> Add
		Indian Harbour Beach	<input checked="" type="checkbox"/> Remove
		FL. 32937	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Add:

EIN NUMBER - 87-3891163


E. Effective date, if other than the date of filing: Dec. 31, 2021 (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.

If the 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 record is filed.

Dated December 9, 2021

  
Signature of a member or authorized representative of a member

Tasha MORRIS  
Typed or printed name of signer