LIL 000098173

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COVER LETTER

TO:		stration Sec sion of Corp			<i>.</i>	
	,	Sunspace LL	.C			
SUBJE	;C1: _		Name of Limit	ed Liability Company		
			amendment and fee(s) are subnument concerning this matter t			
Ticase	i ci di ii	un correspon	Shara Szirtes	·		
		<i>c</i> -		Name of Person		
		L'	Sunspace LLC			
				Firm/Company		
			3932 Versailles Dr.			
				Address		
			Tampa, FL33634			
				City/State and Zip Code		
			sharaszirtes@gmail.com	o be used for future annual report notif	ication)	
For tur	ther in	iformation co	neerning this matter, please ca		Nation,	
Shara			•	813 5043147		
		Name of	Person -	Area Code Daytina	e Telephone Number	3 3 -
Enclos	ed is a	check for th	e following amount:			
■ \$2	:5.00 F	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & E Certified Copy (additional copy is enclosed)	ا المساد المساد المساد

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

Sunspace LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor	mpany were filed on 05/19/2016	and assigned
Florida document number L16000098173		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
N/A		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter the na</u>	me of the new registere
Name of New Registered Agent: N/A		2021
New Registered Office Address:		
	Enter Florida street address	
	Florida _	Zip Codes
Non-Dantagood Acad Colombia to 16 short to Dantago	•	rm bo
New Registered Agent's Signature, if changing Registered a	<u>Agent</u>	: CO

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 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>	Address	Type of Action
AMBR	Scott W. Walker	3932 Versailles Dr.	■Add
		Tampa, FL 33634	□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□ Change
			□Add
			Remove?
			DAdd 😤 🚅
			Tri So □Remov e o
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ve date, if other than the date of filing:	605

Filing Fee: \$25.00