

L17000050418

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT
MAR 29 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SPACE POS LLC L17000050418
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:

GIAI H. NGUYEN

Name of Person

SPACE POS LLC

Firm/Company

14509 LAKE JESSUP DRIVE

Address

JACKSONVILLE FL 32258

City/State and Zip Code

giaisteven@gmail.com

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

For further information concerning this matter, please call:

Giai (Steven) Nguyen

Name of Person

at (904) 415-4101

Area Code

Daytime Telephone Number

904

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

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SECRETARY OF STATE

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

SPACE POS 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 MARCH 03, 2017 and assigned Florida document number L1700008418

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)

14509 LAKE JESSUP DR.
JACKSONVILLE FL 32258

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

14509 LAKE JESSUP DR.
JACKSONVILLE FL 32258

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: _____

New Registered Office Address: _____

14509 LAKE JESSUP DR.
Enter Florida street address
JACKSONVILLE, Florida 32258
City 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.

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>
OWNER	GIAT H. NGUYEN	14509 LAKE JESSUP DR.	<input checked="" type="checkbox"/> Add
		JACKSONVILLE FL 32258	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	THUY LE	14509 LAKE JESSUP DR.	<input type="checkbox"/> Add
		JACKSONVILLE FL 32258	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	JAY LE	8607 BURNLINGWOOD DR.	<input checked="" type="checkbox"/> Add
		SPRINGFIELD VA 27151	<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

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[illegible]

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.

(b) The 90th day after the record is filed.

Dated MARCH 23, 2017

Signature of a member or authorized representative of a member

GIÀ H. NGUYEN

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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