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| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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SECRETARY OF STATE
AND ANIASSEE, FLORIDA

D. SCOTT MAR 2 9 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 |
| GPACE POS LLC Firm/Company |
| 14509 LAKE JESSUP DRIVE |
| JACKSONVILLE FL 32258 |
| JACKSON VILLE FL 32259 City/State and Zip Code Giai Steven@gmail.com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Giai (Steven) Name of Person at (904) 415-4101 Name of Person Area Code Daytime Telephone Number |
| 904 |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$\times \text{S30.00 Filing Fee & Certificate of Status}\$\$\$ Certified Copy (additional copy is enclosed) \$60.00 Filing Fee. \$\text{Certified Copy (additional copy is enclosed)}\$\$\$\$\$\$\$\$\$\$\$ 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

ARTICLES OF AMENDMENT TO: ARTICLES OF ORGANIZATION OF

| (Name of the Limited (A | Liability Company as Florida Limited Liabili | it now appears on our ty Company) | records.) | - |
|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------------------------|--------------------------------|--------------------|
| The Articles of Organization for this Limited Liab Florida document number <u>L17-0000</u> S | | filed on MAR | CH 03, 201 | T- and assigned |
| This amendment is submitted to amend the follow | /ing: | | | |
| A. If amending name, enter the new name of the | he limited liability | company here: | | |
| The new name must be distinguishable and contain the work | ds "Limited Liability Co | mpany," the designation | "LLC" or the abbrevia | ition "L.L.C." |
| Enter new principal offices address, if applicab | | 4509 LA JACKSON | AKE JESS VILLE F | UP DR. L 32258 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO | | 4509 LAK ACKSOMUIL | • | P DR. 2258 |
| B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent: | registered office e address here: | address on our re | cords, enter the | name of the new |
| New Registered Office Address: | 14509 | LAKE JES Enter Florida street | | PI FED |
| 5 | JACKSON | <u>Nut</u> | _, Florida <u>. 3 2</u> Zij | 258 |

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 = Ma $AMBR = Au$ | anager uthorized Member | | |
|----------------------|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| <u>Title</u> | Name | Address | Type of Action |
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| | | JACKSONVILLE FL 32258 | 3□ Remove |
| | | | Change |
| MGR | THUY LE | 14509 LAKE JESSUP DI | <u> </u> |
| | | JACKSONVILLE FL. 32258 | Remove |
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| MGR. | Jay LE | 8607 BURNLINGWOOD D | R. NAdd |
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| ective date, if other than the date of filing: | | | | | |
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