L17000081778

(F	Requestor's Name)	
(<i>f</i>	Address)	
	Address)	
(0	City/State/Zip/Phone #)	
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Dak Vally Resid	ICMHA LLC ited Liability Company	. .
	Amendment and fee(s) are sub		
Please return all correspon	ndence concerning this matter	to the following:	
	Derack J R	Name of Person	
	Dak Vally	Residential LC	<u>. </u>
	509 Falmout	Avenue Merrtt Address	Island
	Merritt Island	FL 32952 City/State and Zip Code	
	E-mail address: (hards 1 @ / ahuo, and to be used for future annual report notion	ication)
For further information co	oncerning this matter, please ca	all:	
Derrick F-10 Name of	Nay ds.	at (381) 917 Area Code Daytim	E Telephone Number
Enclosed is a check for th	e following amount:		
又 \$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

OGB Vally Residen	
(Name of the Limited Liability Company as (A Florida Limited Liabil	it now appears on our records.) ty Company)
The Articles of Organization for this Limited Liability Company were	
Florida document number <u>L 17000081778</u> .	,
Florida document number 2_1 = 1 00000 \$1 1 1 5.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	company here:
Space Coast Vending LLC	
The new name must be distinguishable and contain the words Limited Liability Co	ompany," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	2020
(Principal office address MUST BE A STREET ADDRESS)	
Triscipal Office dear Co. Nacion De 71 O 1 11 De	₩
_	() (Tan
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	[A]
_	
B. If amending the registered agent and/or registered office addr	ess on our records, <u>enter the name of the new registere</u>
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Addiess.	Enter Florida street address
	. Florida
	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 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
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