

L17000092951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

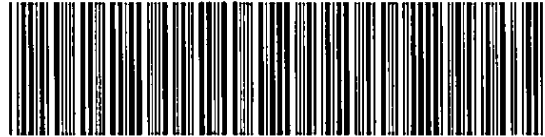
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500320643835

11/15/18--01014--012 **25.00

RECEIVED
NOV 13 PM 3:44
STATE OF NEW YORK
DIVISION OF TAXATION

NOV 30 2018

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: #JULIUS SHEINMAN PHOTOGRAPHY
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:

Julius Sheinman
Name of Person

Firm/Company

1444 Musgrass Circle
Address

West Melbourne FL 32904
City/State and Zip Code

SCEntertainmentservices@outlook.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julius Sheinman at (321) 419-8185
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
DIVISION OF CORPORATIONS
18 NOV 13 PM 3:46

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Juliusheimanphotography, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

NOTAR PUBLIC STATE OF FLORIDA
18 NOV 13 PM 3:44

The Articles of Organization for this Limited Liability Company were filed on 04/26/2017 and assigned
Florida document number L17000092951.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

~~SR~~ SPACE COAST EVENT SERVICES, LLC

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

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 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:

N/A

New Registered Office Address:

↑

Enter Florida street address

Florida

City

Zip Code

Same as existing info

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>
AMBR	James Turman	25 W Alma Drive	<input checked="" type="checkbox"/> Add
		Melbourne, FL 32904	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Kyle Thompson	8031 Sugar Pine Dr	<input checked="" type="checkbox"/> Add
		West Melbourne 32904	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<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.)

We would like to keep existing paperwork
valid but change Company Name
from #JULIUSSHEINMANPHOTOGRAPHY
to Space Coast Event Services

⊕ Add new authorized members

E. Effective date, if other than the date of filing: _____ (optional)

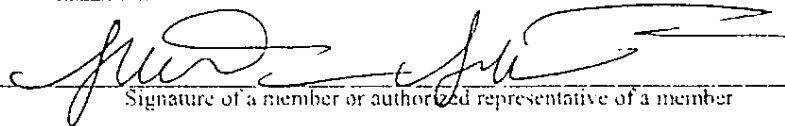
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 68S.02(7)(3)(b)

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 November 7th 2018


Signature of a member or authorized representative of a member

Julius Sheinman
Typed or printed name of signer