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S. WARREN
JUL 1 4 2017

COVER LETTER

TO:	Registration Se Division of Cor						
CL:D II	INSPEROC						
SUBJECT:							
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please	return all correspo	ndence concerning this matter	to the following:				
		BRENDA SCHAMY					
			Name of Person				
		DISCHINO & SCHAMY.	PLLC				
			Firm/Company				
	4770 BISCAYNE BLVD. SUITE 1280						
	Address						
		MIAMI, FL 33137					
	City/State and Zip Code						
		BRENDA@DSMIAMLCC		·			
			to be used for future annual report notif	ication)			
For fur	ther information co	oncerning this matter, please co	all:				
Name of Person			at () Area Code Daytime	Telephone Number			
Enclose	ed is a check for th	e following amount:					
■ \$25	5.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INSPEROO. LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our recornited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Comp	pany were filed on 06-28-17	and assigned
lorida document number 1.17000140,395		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
KhoSpace, LLC		
he new name must be distinguishable and contain the words "Limited"	Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	S)	
	<u> </u>	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
Author Marie Day, 1 Co. C. 11CB Doy		
. If amending the registered agent and/or registere	d office address on our record	ls, enter the name of the r
egistered agent and/or the new registered office address	here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	15.5
	. F	lorida
	Ciņ	lorida Zıp 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, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager

AMBR = Authorized Member Title Type of Action <u>Name</u> <u>Address</u> □ Add _□ Remove □ Change □ Add ☐ Remove ☐ Change □ Add _□ Remove _□ Change _□ Remove ☐ Change ☐ Remove

<u>. </u>		
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ite: If the date inserted in thi cument's effective date on th	must be specific and cannot be prior to date of filing or more shock does not meet the applicable statutory filing a Department of State's records. Yed effective date, but not an effective tire	requirements, this date will not be listed as
JULY 12 ed	2017	
		± 7
	Signature of a member or authorized representative o	ાં ⊆
	7. AUTHORIZED REPRESENTATIVE	
	Typed or printed name of signee	
		<u> </u>

Filing Fee: \$25.00