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A. RAMSEY AUG 1 \$\frac{1}{2023}

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor				
	PLANNING LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	GLENDALIS ROMERO			
		Name of Person		
	IQ EVENT PLANNING L	LC		
Firm/Company				
6838 HOFFNER AVE #301 → 1200				
		Address		
	ORLANDO, FL 32822			
		City/State and Zip Code		
	CHINALISPROMO@GM/	AIL.COM to be used for future annual report notif	fication)	
For further information c	oncerning this matter, please ca			
GLENDALIS ROMERO)	321 225-9561		
Name of Person		at () Area Code Daytime	e Telephone Number	
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address		Street Address: Registration Sec	ction	
Registration 3 Division of C		Division of Cor	porations	
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2023 JUL -5 PM 1: 14

IQ EVENT PLANNING LLC

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

The Articles of Organization for this Limited Liability Co	ompany were filed on 08/28/2017	and assigned
Florida document number L17000183798		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
D'SPACE LLC		
The new name must be distinguishable and contain the words "Limi	ited 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 ADDR	(ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	l office address on our records, <u>enter t</u>	he name of the new registered
100 411		
New Registered Office Address:	Enter Florida street address	
	, Flo	rida Zip Code
	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>	<u>Address</u>	Type of Action
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			□Remove
			□Change
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Effective date, if other that I an effective date is listed, the da	n the date of filing: te must be specific and cannot	be prior to date of filing	(o g or more than 90 days a	ptional) fter filing.) Pursuant to 60	5.020
Note: If the date inserted in t	his block does not meet the	e applicable statutory	filing requirements,	this date will not be lis	ed a
document's effective date on	the Department of State s	records.			
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Filing Fee: \$25.00