117000197441

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COVER LETTER

TO: Registration Section

Division of Corpor	rations			
SUBJECT:		ust Guitars (ted Liability Company	LC	
The enclosed Articles of Am	nendment and fee(s) are subt	mitted for filing.		
Please return all corresponde	ence concerning this matter t	to the following:		
For further information conce	P.O. Co Cmal E-mail address: (to rerning this matter, please ca	Box 32055 Address COA BEACH City/State and Zip Code Lis 16 Ey ah Cook of be used for future annual report II: Sat (321) 5	Guitars LLC	Donald Date
Enclosed is a check for the fo	ollowing amount:			
为 \$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)	
Registration Division of P.O. Box 6	f Corporations	Registration Division of C Clifton Build	Corporations ling ive Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Space Coo	est Guitars LLC
(Name of the Limited Liability Compa (A Florida Limited I	
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000197441</u> .	were filed on $9/22/2017$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1550 Bream St. Merritt Island, FL 32952
(Principal office address MUST BE A STREET ADDRESS)	Merritt Island, FL 32952
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.U. Box 320551 Cocoa Beach, FL 32932
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	- I THE TAXABLE IN TH
Name of New Registered Agent:	Constantine A Mallis
New Registered Office Address:	Constantine A. Mallis 1550 Bream St Enter Florida street address
Me	City Island Florida 32952 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 Changing Registered Agent, Signature of New Registered Agent

or removed from our records: MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> **Address** Type of Action _□ Add ☐ Remove ☐ Change _□ Add _□ Remove ___ Change □ Remove ☐ Change ⊢□rAdd _□ Remove __ Change □ Add ☐ Remove ☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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		10. 10.	23	
ective date, if other than the date of filing:	(0	ntional)	-	
n effective date is listed, the date must be specific and cannot be prior to date of te: If the date inserted in this block does not meet the applicable statu nument's effective date on the Department of State's records.				
record specifies a delayed effective date, but not an effice of the secord is filed.	ective time, at 12:0)1 a.m. on t	he ea	rlier o
ed Nov 27 2018	\			
Signature of a member or authorized repr	resentative of a member			-

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Filing Fee: \$25.00