11/000 229 119

(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:

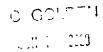
Office Use Only



700345480437

U6/01/20--01003--833 **25.U0

2020 Francis PH 7: 15



COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT: Of L	an Alaspa Name of lim	ace LLC ited Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Ronald	Name of Person	
	Ocean,	ALVISPACE L	LC
	<u>501 15t</u>	- ANL Address	
	Satellite	Blace F1 City/State and Zip Code	32937
	E-mail address: (1	Chystale and Zip Code October used for future annual leport no Returned & October 1997	diffication) COOLS (1904)
For further information con	ecerning this matter, please ca	all: Retudd & Ocean	Herospice com
Margaret Name of P	Todd	at (351) 32 Area Code Dayti	me Telephone Number
Enclosed is a check for the	following amount:		
\$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:		Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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

OC 00.0 Sterno 100.00 11 C	17:15
(Name of the Limited Liability Company as it now appears on our records.)	
(A Florida Limited Liability Company)	•
The Articles of Organization for this Limited Liability Company were filed on and assign	ned
Florida document number <u>L17000229179</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and centain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"	C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(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 ragent and/or the new registered office address here:	registered
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address	
THE Profited Sweet data ess	
Florida 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

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
MGR	Ronald Toold	501 1StAW Satellite 1	Zead Pl
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			🗆 Add
			Remove
			Change
			□Add
			□Remove
			Change

Note:	ive date, if other than the date of filing:
record is fi	rd 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 led.
ated	5/28/20
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member

Filing Fee: \$25.00