

418000111115

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

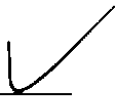
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MAIL

(Business Entity Name)

(Document Number)

Certified Copies



Certificates of Status



Special Instructions to Filing Officer:

Failed corrections on  
3/5/2019 from Q.L. Ryan.

8

Office Use Only



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02/28/19--01001--050 4400

S. TALLENT

MAR 05 2019

Amend

FILED  
MAR 5 2019  
MAR 5 2019



850-245-

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 25, 2019

MAUREEN A. RYAN  
SPACE COAST REALTY PARTNERS, LLC  
2892 BODDINGTON WAY  
MELBOURNE, FL 32940

SUBJECT: SPACE COAST REALTY PARTNERS LLC  
Ref. Number: L18000111115

We have received your document and check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

ON PAGE 2 OF 3, PLEASE REMOVE ANY REFERENCE TO CHANGING A REGISTERED AGENT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent *← C 3/5 11:50 LVM*  
Regulatory Specialist II

Letter Number: 119A00003972

*FAXED*  
*850-245-6897*

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SPACE COAST REALTY PARTNERS, LLC  
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:

MAUREEN A. RYAN  
Name of Person

SPACE COAST REALTY PARTNERS, LLC  
Firm/Company

2892 BODDINGTON WAY  
Address

MELBOURNE, FL 32940  
City/State and Zip Code

MAXPC2U@YAHOO.COM ✓  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MAUREEN A. RYAN at (407) 257-5252  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

SPACE COAST REALTY PARTNERS LLC

(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 MAY 03, 2018 and assigned Florida document number L1800011115.

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 contain the words "Limited 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 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 registered agent and/or the new registered office address here:**

SAME  
Name of ~~New~~ Registered Agent:

BRIAN M. MARK

New Registered Office Address:

→ 100 N. JOHN YOUNG PARKWAY

Enter Florida street address

KISSIMMEE

City

Florida

34741

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 or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR.	MAX P. CAWAL	2892 BODDINGTON WAY	<input type="checkbox"/> Add
		MELBOURNE, FL 32940	<input checked="" type="checkbox"/> Remove
		SHAPE HOLDER	<input checked="" type="checkbox"/> Change
MGR	MAUREEN A. RYAN	2892 BODDINGTON WAY	<input checked="" type="checkbox"/> Add
		MELBOURNE, FL 32940	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

E. Effective date, if other than the date of filing: 2/15/2019 (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 605.0207

**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 2/15, 2019.

Maurice A. Ryan

Signature of a member or authorized representative of a member

MAURICE A. RYAN

Typed or printed name of signer