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COVER LETTER

TO: Registration S Division of Co			
Post'd Mar	ketSpace LLC		
Post'd MarketSpace 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: Connor McClellan Name of Person Post'd MarketSpace LLC Firm/Company 6907 West Sunrise Blvd, Apt. 503 Address Plantation, Florida 33313 City/State and Zip Code mcclellanconnor@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Connor McClellan Name of Person Name of Person Area Code Daytime Telephone Number			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Connor McClellan		
	· · ·	Name of Person	
	Post'd MarketSpace LLC		
		Firm/Company	
	6907 West Sunrise Blvd, A	Apt. 503	
		Address	
	Plantation, Florida 33313		
		City/State and Zip Code	
	•		•
			ication)
For further information	concerning this matter, please c	all:	
Connor McClellan		407 748-6153	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	S30.00 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

Post'd MarketSpace LLC		
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our recordinited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Co.	mpany were filed on May 29, 2018	and assigned
Florida document number L18000132664	·	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limite</u>	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LL	C" or the abbreviation "L.L.C,"
Enter new principal offices address, if applicable:		<u>> 23</u>
Principal office address MUST BE A STREET ADDRE	<u></u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		2. f.
		3
3. If amending the registered agent and/or registe egistered agent and/or the new registered office addre		ds, <u>enter the name of the</u>
Name of New Registered Agent:		
New Registered Office Address:	Const. Phys. Lett. 11	
	Enter Florida street addre	?\$\$
	, F	lorida
	cuit.	z.p coae

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
AMBR	Robert Irwin		Add
			□ Remove
		3308 Heathgate Ct. Orlando, FL 32 & 1 2	Change
MGR	Robert Irwin		🗖 Add
		3308 Heathgate Ct. Orlando, FL 32 8 12	Remove
			Change
		- Marie	
			□ Remove
			Change
			🗆 Add
			□ Remove
			Change
			🗖 Remove
			Change
			🗆 Add
			Remove
			☐ Change

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fective date, if other than the da	te of filing:	(opt	ional)		
in effective date is listed, the date must be	specific and cannot be prior to date of fit does not meet the applicable statuto	ling or more than 90 days after	r filing.) Purs	uant to 60	5.020 ted a
ocument's effective date on the Depa	riment of State's records.	ny mag requirements, th	is date with t	ioi be iis	icu a
record specifies a delayed e The 90th day after the record	ffective date, but not an effe Lis filed.	ctive time, at 12:01	a.m. on ti	ne earli	ier c
6/23/2018 ited	1:00 pm				
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