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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SPACEVAKERYLLC

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:

ERIC RICHARD

Name of Person

BAKERY

Firm/Company

2637 CASABLANCA DR

Address

MIRAMAR FL 33023

City/State and Zip Code

SPACEVAKERYCEO@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERIC RICHARD

786

6750597

at ( )

Name of Person

Area Code

Daytime 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:**  
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**

SPACEVAKERYFACTORYLLC

(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 03-21-2019 and assigned  
Florida document number 83-4076018.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

SPACEVAKERYLLC

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:**

2637 CASABLANCA DR

**(Principal office address MUST BE A STREET ADDRESS)**

MIRAMAR FL 33023

**Enter new mailing address, if applicable:**

2637 CASABLANCA DR

**(Mailing address MAY BE A POST OFFICE BOX)**

MIRAMAR FL 33023

**B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:**

Name of New Registered Agent:

ERIC RICHARD

New Registered Office Address:

2637 CASABLANCA

*Enter Florida street address*

MIRAMAR

*City*

Florida 33023

*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>	<u>Address</u>	<u>Type of Action</u>
AP	ERIC RICHARD	2637 CASABLANCA DR MIRAMR FL 33023	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	PRISCILLA MUNOZ	12282 NW 11TH ST PEMBROKE PINES, FL 33026	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

JUST REMOVE PRISCILLA MUNOZ

**Filing Fee: \$25.00**