# 119000/165575

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#### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: SPACE COA	ST LANDINGS LLC  Climited Liability Company
The enclosed Articles of Amendment and fee(s) are	STIANDINGS LLC  Climited Liability Company  e submitted for filing.  atter to the following:
Please return all correspondence concerning this m	atter to the following:
	Name of Person
SPACE	COAST LANDINGS LLC Firm Company
85 RAC	LHEL AUE Address
BCD 140	SC 29847  City/State and Zip Code  15 C Hot Maic. Com  ess: (to be used for future annual report notification)
For further information concerning this matter, plea	
BRUCE C. DOUGLAS  Name of Person	at (803) 640-6000 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee & \$30.00 Filing Fee & Certificate of State	Solutional copy is enclosed)    Solutional copy is enclosed   Solutional copy is enclosed
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite \$10 Tallahassee, FL 32303

### ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

## SPACE COAST LANDINGS LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

ACO 3 Mar. 1 The Articles of Organization for this Limited Liability Company were filed on JUNE 24, 2019 and assigned Florida document number <u>L19000165575</u>

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable	
(Principal office address MUST BE A STREET A	IDDRESS) TRENTON, SC 29847
Enter new mailing address, if applicable:	85 RACHEL AUE TRENTON, SC 29847
(Mailing address MAY BE A POST OFFICE BO.	1 RENTON, SC 29897
B. If amending the registered agent and/or regis	stered office address on our records, <u>enter the name of the new registered</u> ere:
Name of New Registered Agent:	MS. BONNIE GOLDSTEIN
New Registered Office Address:	MS. BONNIE GOLDSTEIN  5455 N HWY 1, Suite 1  Enter Florida street achtress
<u>(</u>	COCOA Florida 32927
New Registered Agent's Signature, if changing Regi	stered Agent:

#### N

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 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	JULIA CATE	7460 N. HWY 1, #103	□Add
		COCOA, FL 32927	Remove
			□Change
			□∧dd
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			<b>5</b> 703

. II an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note	tive date, if other than the date of filing:  [Coptional]  [Coptional]
the rece ford is	ord 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 filed.
Dated	JANUARY 17 2020
	Signature of a member or authorized representative of a member
	BRUCE C. DOUGLAS  Typed or printed name of signee

Filing Fee: \$25.00