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(Re	equestor's Name)	
(Ad	Idress)	<u> </u>
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	ne #)
PICK-UP	WAIT	MAIL
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COVER LETTER

	stration Session of Cor			•
		UTTLE RENOVATION LLC		
SOBJECT, _		Name of Lim	ited Liability Company	
The enclosed	Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return a	all correspo	ndence concerning this matter	to the following:	
		JACOB ANDERSON		
			Name of Person	
		SPACE SHUTTLE RENO	VATION LLC	
			Firm/Company	
		148 NE TITH ST		
			Address	
		BOCA RATON FL 33427		
		<u> </u>	City/State and Zip Code	<u></u>
		FPHENLEY3@AOL.COM	to be used for future annual report notific	cation)
For further inf	ormation co	oncerning this matter, please ca	·	
JACOB AND	ERSON		561 239-6096	
	Name of	Person	at ()	Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 Fil	ling 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)
	ing Address		Street Address: Registration Sect	:

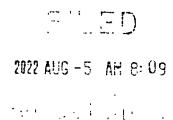
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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



SPACE SHUTTLE RENOVATIONS 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 Co	ompany were filed on 11/15/2019	and assigned	
Florida document number L19000284850			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limit</u>	ed liability company here:		
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRI	ESS)	<u></u>	
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, ente	r the name of the new regis	
agent and/or the new registered office address here:			
Name of New Parietared Agents			
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street addr	622	
	E	, Florida	
	City	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 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

Title	Name	Address	Type of Action
MGR	HARGROVE , DAVID JR	220 NW 4TH AVE	
		DEERFIELD, FL 33441	■Remove
			☐ Change
		•	□Add
			□ Remove
			☐ Change
			□Add
			□Remove
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			☐ Remove

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Signature of a member or authorized representative of a member	Tocol- Wades	
	Signature of a member or authorized representative of a member	
LACOB ANDERSON	B ANDERSON	

4 . .

Filing Fee: \$25.00