

L19 000788101

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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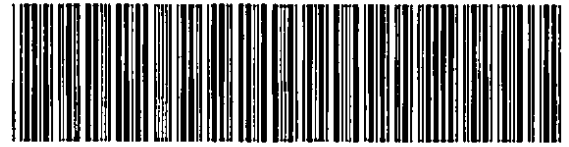
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GAINSWAVE SPACE COAST 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:

THOMAS O'DAY
Name of Person

GAINSWAVE SPACE COAST
Firm/Company

21 SUNTREE PL
Address

MEK BOURNE FL 32940
City/State and Zip Code

GAINSWAVE SPACE COAST@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

THOMAS O'DAY at (321) 848-2259
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

SECRET
TALLAHASSEE, FL

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10:11 PM

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

GAINSWAVE SPACE COAST, 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 11/20/2019 and assigned Florida document number L1900028910.1

This amendment is submitted to amend the following:

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

GAINSWAVE SPACE COAST, LLC

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)

GAINSWAVE SPACE COAST, LLC

21 SONTREE PL

MELBOURNE FL 32940

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:

Name of New Registered Agent:

THOMAS O'DAY

New Registered Office Address:

21 SONTREE PLACE

Enter Florida street address

MELBOURNE

City

Florida

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TALLAHASSEE
32940

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.

Thomas O'Day

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>
MGR	NICOLE EISENBROW	1110 S.W. IVANHOE BLVD	<input type="checkbox"/> Add
		# 9 ORLANDO FL 32804	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	WALT GERINGDON	1110 SW IVANHOE BLVD	<input type="checkbox"/> Add
		# 9 ORLANDO FL 32804	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE FL

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

NICOLE EISENBROWN + WALT EISENBROWN
SHALL BE REMOVED AS MEMBERS
OF THE AFOREMENTIONED LLC. THOMAS O'DAY
SHALL REMAIN AS THE SOLE MEMBER
EFFECTIVE NOVEMBER 30, 2021

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TALLAHASSEE FL

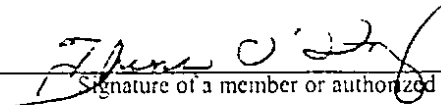
E. Effective date, if other than the date of filing: _____ (optional)

(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 (3)(b)

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 11/19/2021


Signature of a member or authorized representative of a member

THOMAS O'DAY

Typed or printed name of signee