L20 000174977

(Requestor's Name)				
(Address)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Dusiness Table Mans)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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COVER LETTER

subject: <u>Space</u>	COGST COMMAN	cial Claurers L	ić			
	mendment and fee(s) are subn	•				
ricuse return arr correspond	series concerning this matter t	o are tonowing.				
		CILIN Bronzeum Name of Person				
	Space Coas	t COMMERCIAL Firm/Company	Cleanersic			
	3666 Mant C	Address				
	Melbrurne, Fl	3Z9Ol City/State and Zip Code				
	Space Coast Co	where all letures about north	Greet, Com			
For further information concerning this matter, please call:						
Marthew Brok	YLLAN Person	at (37) UUE - Area Code Daytime	9586 Telephone Number			
Enclosed is a check for the	-					
\$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:

TO:

Registration Section Division of Corporations

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Space Coast Commercial (Name of the Limited Liability Compa	inv as it now appears o	n our records.)	
The Articles of Organization for this Limited Liability Company Florida document number \(\begin{align*} \lambda & \text{2000} \\ \empty & \text{277} \\ \empty \end{align*}.		_	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here	:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the desig	gnation "LLC" or the abbreviation "L.L.C."	_
Enter new principal offices address, if applicable:		~	
(Principal office address MUST BE A STREET ADDRESS)		020	
		÷ 60	_
		100	=
Enter new mailing address, if applicable:			ū
(Mailing address MAY BE A POST OFFICE BOX)	- 	<u> </u>	<u>フ</u>
		**	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our reco	ords, enter the name of the new regis	<u>stered</u>
Name of New Registered Agent:			
New Registered Office Address:			
Now Registered Office Address.	Enter Florida	street address	
		, Florida	
	City	, Florida Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my provided for in Cha	v duties, and I am familiar with and upter 605, F.S. Or, if this document	!

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> **Address Type of Action** <u>Name</u> MATTHEW COLIN BROHAL 3866 MOUNT CARNEL LANE DAD MGR MELBURNE, FL 3290 | Exemove AMBR matthew Willin Brobaun 3866 Maint Carmel Lane Melbourne, FL 32901 Remove _____ □Change □Add _____ □Remove _ Change □Add _ 🗆 Remove _____ Change \square Add

_____ □Change

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Effective date, if other than the date of filing:	7 (3)(b s the
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 cord is filed.	
Dated November 20 2020	
Mathem But Signature of a member of authorized representative of a member	
Signature of a member or authorized representative of a member Mouthcu Bressour Typed or printed name of signee	

Filing Fee: \$25.00