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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: Spaul For L LCC 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: |
| AKinyemi Laleye Name of Person |
| Space Force LCC Firm/Company |
| 4251 Loth Ave N. |
| St. Petus burg FL 33713 City/State and Zip Code Diguakan da Q yahoo. Com E-mail/address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Akin Ulmi Laleye — at 12 U96 0412 Name of Person Daytime Telephone Number |
| Enclosed is a check for the following amount: \$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$\text{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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 ** T. . . * E. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Space torce LL | ·C |
|--|--|
| (Name of the Limited Liability Compar (A Florida Limited L. | ny as it now appears on our records.) Liability Company) |
| The Articles of Organization for this Limited Liability Company of Florida document number <u>L2000 \80(a)</u> | 1 20 0 |
| This amendment is submitted to amend the following: | 100 of 6: |
| A. If amending name, enter the new name of the limited liabil | ility company here: |
| The new name must be distinguishable and contain the words "Limited Liability | lity 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) | |
| | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| B. If amending the registered agent and/or registered office acagent and/or the new registered office address here: | address on our records, enter the name of the new registered |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| | Enter Florida street address |
| | , Florida |
| | City Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pi being filed to merely reflect a change in the registered office of company has been notified in writing of this change. | performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is |

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> | Address | Type of Action |
|--------------|------------------|--|----------------|
| MGR | Akinijemi Laleye | - 4251 6th Ave No | @ Add |
| | | Address 4251 6th Ave. No. St. Petersburg, Fr. 33713 | □Remove |
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| (If an ef Note: | ive date, if other than the date of filing: |
| the reco | rd 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 led. |
| Dated | Signature of a member of authorized representative of a member |
| | Typed or printed name of signee |

Filing Fee: \$25.00