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(Requesto	r's Name)
(Address)	
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Name Change

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COVER LETTER

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Space Coa	st Detail & Pressure Washing,	LLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for tiling.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jenny Countz		
		Name of Person	
	ZenBusiness Inc.		
		Firm/Company	
	5511 Parkerest Drive, Suit	te 103	
		Address	
	Austin, TX 78731		
		City/State and Zip Code	202
	fulfillment@zenbusiness.co	om to be used for future annual report no	2922 APR
For further information c	oncerning this matter, please c		
Jenny Countz		844 493-6249 at ()	
Name o	f Person		ne Telephone Number:
Enclosed is a check for the	he following amount:		
■ \$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 Registration S	Section	Street Address: Registration Se	
Division of C	orporations	Division of Co	rporations

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 Detail & Pressure Washing, LLC	022 SF (
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	DZZ MPR
The Articles of Organization for this Limited Liability Company were filed on 09/21/2021	and assigned
Florida document number 1.21000416871	and assigned
This amendment is submitted to amend the following:	Fig. 5
A. If amending name, enter the new name of the limited liability company here:	
Space Coast Investing, LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" of	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 address on our records, enter th	e name of the new register
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Declaration 1700	
New Registered Office Address: Enter Florida street address	
Flori	ida 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Remove
			Change
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			□Remove
			□Change

				
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Effective date, if other than the office of the date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	ck does not meet the appli	cable statutory filing re	(optional) than 90 days after filing.) Pur quirements, this date will	rsuant to 605.0207 (I not be listed as th
e record specifies a delayed effective rd is filed.	date, but not an effective	time, at 12:01 a.m. on the	he earlier of: (b) The 90	th day after the
	2022			
Dated April 11		·		
/s/ Robert English	Signature of a member or auth			