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COVER LETTER

Registration Section

TO:

Division of Cor	porations		
SUBJECT: M	QGILC.		
SUBJECT:M	Name of Lim	ited Liability Company	
	j		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing	
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Please return all correspo	ndence concerning this matter	to the following:	
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	<u> </u>	Name of Person	
		Name of Person	
		Firm/Company	
	TO 16 U	m = 1 = 2017	
		Address	
	Miami, FL	53132 City/State and Zip Code	
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For further information c	oncerning this matter, please ca	an:	
Marian	Ovivada	at (<u>186</u>) 961 - Area Code Daytim	7626
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee &	C55 00 Filipa Coo P	□ \$60.00 Filing Fee,
23.00 Filing ree	Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
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Mailing Addres	<u>s:</u>	Street Address:	
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P.O. Box 632		The Centre of 3	l allahassee be Street, Suite 810
Tallahassee, I	L 34314	Z41J IN. IVIOIIIO	ic succi, suite oil

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 MAY 13 AM 10: 47 (Name of the Limited Liability Company as it now appears on our records) ECRETARY OF STATE
(A Florida Limited Liability Company) TALL AHASSEE. FL The Articles of Organization for this Limited Liability Company were filed on $\frac{12/21/2021}{}$ and assigned Florida document number <u>L 21000534896</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The space Project 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) 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: New Registered Office Address: Enter Florida street address 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
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Dated	May 00	<u> </u>	,	2022					
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