

122000064671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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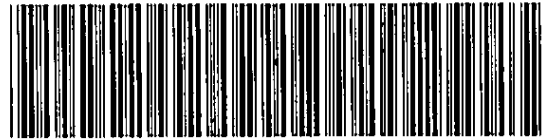
(Business Entity Name)

(Document Number)

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22 MAR 14 PM 2:19

T. MATTHEWS

MAR 22 2022



# SAAVEDRAGOODWIN

888 S.E. 3<sup>RD</sup> AVENUE, SUITE 500  
FORT LAUDERDALE, FLORIDA 33316  
PHONE: (954) 767-6333 FAX: (954) 767-8111

ATTORNEYS:

DAMASO W. SAAVEDRA (AV RATED)  
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GLEN M. LINDSAY (AV RATED)  
NANCY RUBIN

ATTORNEYS LICENSED IN:

FLORIDA  
CONNECTICUT  
ILLINOIS  
WASHINGTON, D.C.

OF COUNSEL:

RANDOLPH M. BRONBACHER (AV RATED)  
MARIO THOMAS GABOURY  
L. FORREST OWENS  
(BOARD CERTIFIED IN AVIATION LAW)

SENDER'S E-MAIL ADDRESS:

[rkulberg@saaqlaw.com](mailto:rkulberg@saaqlaw.com)

March 10, 2022

**VIA FEDERAL EXPRESS**

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

**Re: Articles of Amendment to Articles of Organization**  
Entity Name: Space Coast Innovation Park, LLC  
Document Number: L22000064671

Dear Sir/Madam:

Enclosed please find an executed Articles of Amendment to Articles of Organization for processing and filing. Also enclosed is our check in the total amount of \$25.00 payable to Florida Department of State for payment of the filing fee.

Please return the certified copy to my attention at 888 SE 3<sup>rd</sup> Ave., Suite 500, Fort Lauderdale, FL 33017, as soon as possible.

Please call my office directly at (954) 767-6333 if there are any questions. Thank you for your prompt attention to this matter.

Sincerely,  
SAAVEDRA - GOODWIN

Ross D. Kulberg  
For the Firm

Enc.

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## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: SPACE COAST INNOVATION PARK, LLC  
Name of Limited Liability Company

22 MAR 16 PM 2:19

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ross Kulberg

Name of Person

Saavedra-Goodwin

Firm/Company

888 SE 3rd Avenue, Suite 500

Address

Fort Lauderdale, FL 33316

City/State and Zip Code

dpazo@saavlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ross Kulberg

954

767-6333

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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 INNOVATION PARK, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

22 MAR 16 PM 2:19

The Articles of Organization for this Limited Liability Company were filed on 01/24/2022 and assigned  
Florida document number L22000064671.

This amendment is submitted to amend the following:

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

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: Saavedra-Goodwin

New Registered Office Address: 888 SE 3rd Ave, Ste 500

*Enter Florida street address*

Fort Lauderdale, Florida 33316

*City*

*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 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>
AMBR	KEY GROUP HOLDINGS- SCIP I, LLC	355 GOLDEN KNIGHTS BLVD., SUITE 3	<input type="checkbox"/> Add
		TITUSVILLE, FL 32780	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KEY CORPORATE SERVICES, INC.	134 MEDITERRANEAN WAY	<input type="checkbox"/> Add
		INDIAN HARBOUR BEACH, FL 32937	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Key Group Corporate Services Inc	134 MEDITERRANEAN WAY	<input checked="" type="checkbox"/> Add
		INDIAN HARBOUR BEACH, FL 32937	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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(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)

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 March 9 2022

Signature of a member or authorized representative of a member

Ross Kulberg  
Typed or printed name of signee

**Filing Fee: \$25.00**