L22000208717

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COVER LETTER

Division of Corp			a 5
SUBJECT: Li	anum Home I	unovations LLC	••
	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	3	C	
	Certificate of Status Certified Copy Certificate of Status		
	HICK WITH	Name of Person	Area Code SSS-00 Filing Fee & Certificate of Status &
		7	
	LISNUM HOME	E I WOUCHTON'S LLC	
		,	
	200 E. Rob	inson Street Ste.	1120
		Address	
	Orlando, FL	32803	
	williamouns dre	an fixtures @ gmail.co	(introv)
			ncadony
For further information co	oncerning this matter, please co	all:	
Alicia W	illianson	at (321) 392-	3189
Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is a check for th	e following amount:		
☑ \$25.00 Filing Fee			
	Certificate of Status	• •	Certified Copy
			(additional copy is enclosed)
Ad attitue and decrease	_	Ctuant Addusers	

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

Lignum Hume Innove		
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Compan	<u>pears on our records.</u>) y)	
The Articles of Organization for this Limited Liability Company were filed on	05-03-2022	_ and assigned
Torida document number <u>L22000208717</u> .		
This amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liability company	<u>here</u> :	
Lignum Space Innovations LL the new name must be distinguishable and contain the words "Limited Liability Company." the	C	
he new name must be distinguishable and contain the words "Limited Liability Company," the	ne designation "LLC" or the abbre	viation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	<u>.</u>	22 3
	<u>.</u>	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		o Co
3. If amending the registered agent and/or registered office address on ou gent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	r records, <u>enter the name o</u>	
	Florida street address	
	Florida	Zip Code
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 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
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record sp is filed.	ecifies a delay	ed effecti	ve date, but i	not an	effective t	ime, at 12	::01 a.m. (on the ea	rlier of: (b) The 9	0th day afti	er the
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			Signature of	fa mem	ber or auth	orized rep	resentative	of a mem	ber		_	
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