L22000414387

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600419064176

11/27/23--01022--001 **25.00

2024 JAN 19 PM 3: 49

Nome Change

JAN 2 5 2024 D CUSHING

COVER LETTER

Tallahassee, FL 32314

TO: Registration So Division of Cor						
	CE SOLUTIONS	0				
SUBJECT:Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Cory Jeremias					
		Name of Person		_		
	SELFSPACE SOLUTION	S				
		Firm/Company		_		
	2616 NW 9th LANE					
		Address				
	WILTON MANORS, FLO	DRIDA 33311		- (*) - (*)	2024	
		City/State and Zip Code			(
	selfspacesolutions@gmail.c	om to be used for future annual report no	et Compton	(بَدِّ: _	9	:
Des Comban in Commotion of	encerning this matter, please c	•	tineation)		_0 _0	- 1 - 4,2
For turther information C	concerning this matter, prease c				트 강	î.
Jarod Nanna		814 243-7737 at ()		rr;	\ D _	
Name o	of Person	Area Code Dayti	me Telephone Num	ber		
Enclosed is a check for t	he following amount:					
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifi	Filing Folicate of S ed Copy nal copy is	tatus &	
Mailing Addre	88:	Street Address:				
Registration Section		Registration S				
Division of C P.O. Box 632	-	Division of Co The Centre of	•			
1. 0. D 07 032		, 0 0			င္ ်ပ္	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



December 14, 2023

CORY JEREMIAS SELFSPACE SOLUTIONS 2616 NW 9TH LANE WILTON MANORS, FL 33311

SUBJECT: SELFSPACE SOLUTIONS

Ref. Number: L22000414387

We have received your document for SELFSPACE SOLUTIONS and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must submit the entire application and you must sign the last page.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 823A00028509

Diane Cushing Operations Manager A

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Selfspace Solutions		282 T832
Selfspace Solutions (Name of the Limited Liability Compar (A Florida Limited L	_	差差
The Articles of Organization for this Limited Liability Company	were filed on 1/4/z¥	and assigned :
Florida document number <u>L22069414387</u>		ب
This amendment is submitted to amend the following:		7 70
A. If amending name, enter the new name of the limited liabi	lity company here:	
SELFSPACE SOLUTIONS, LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2616 NW9th LA WILTON MANORS,	NE
(Principal office address MUST BE A STREET ADDRESS)	WILTON MANORS,	FL 33311
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2616 NW 9th LA WILTON MANORS	NE ,FL 33311
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the	name of the new registered
Name of New Registered Agent: NA	·· ·	<u> </u>
New Registered Office Address: N/A	Enter Florida street address	······
	Florid	a
	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>	Name	Address	Type of Action
		<u> </u>	□Add
			□Remove
			□Change
 			
			□Remove
			Change
			Remove
			Change
			Remove
			Change
			□ Remove
			Change
			□Remove
			∏Change

_		
-		
_		
_		
-		
-		
_		
_		
-		
-		
_		
_		
_		
-		
an eff ote:	e date, if other than the date of filing:	o 605,020 e listed a
recore l is fil	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day i.	after the
ated	JANUARY 4th 2024	
	/ / YA	
	Signature of a member or authorized representation of a member	_

DU E 03504