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Division of Componations

Fax Number : (850)617-6383

Account Name : ROBERTS LAW, PLLC Account Number : 120220000038 Phone : (941)492-3831 Fax Number : (941)296-8517

> **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: kelly@kellynobentslaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SHOWCASE YOUR SPACE LLC

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To: Division of Corporations Page: 2 of 4 2023-02-14 15:34:42 GMT 19412968517 From: Kelly Roberts

ARTICLES OF AMENDMENT ART

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| SHOWCASE YOUR SPACE LLC | | ₹ | |
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| (Name of the Limited Liability Comp (A Florida Limited | pany as it now appears on our Liability Company) | r records.) | |
| The Articles of Organization for this Limited Liability Compan Florida document number <u>L23000029888</u> | y were filed on 1/17/2023 | | and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited lia | bility company here: | | |
| | | 1 | 20 |
| The new name most be distinguishable and contain the words "Limited Liab | oility Company." the designation | on "LLC" or the abbrev | ation L.C |
| Enter new principal offices address, if applicable: | | | - F 2 |
| (Principal office address MUST BE A STREET ADDRESS) | | ··· | <u>-</u> :- |
| | | - | <u> </u> |
| | | - -, | <u>.</u> ? |
| Enter new mailing address, if applicable: | | | <u>-</u> ω |
| (Mailing address MAY BE A POST OFFICE BOX) | | • | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: | address on our records. | enter the name of | the new register |
| | | | |
| New Registered Office Address: | Enter Florida stree | t address | |
| | | | |
| | City | , Florida 2 | ip Code |
| New Registered Agent's Signature, if changing Registered Agent | ! ! | | |
| New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change. | t: rec to act in this capacit e performance of my du provided for in Chapter | y. I further agree t ies, and I am fami : 605, F.S. Or, if th | o comply with luar with and iis document i |
| If Chi | unging Registered Agent, Sign | nature of New Register | ed Agent |

To, Division of Corporations Page: 3 of 4 2023-02-14 15 34:42 GMT 194129685:7 From: Kelly Roberts

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 | <u>Address</u> | Type of Action |
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| MGR | GINSBERG, JOEL S | 8810 HTH TERRACE NW | □Add |
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