



**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations Fax Number : (850)617-6383

From:

Account Name	;	ROBERTS LAW, PLLC
Account Number	:	120220000038
Phone	:	(941)402-3831
Fax Number	:	(941)296-8517

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Email Address: \_\_kelly@kellyrobertslaw.com\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SHOWCASE YOUR SPACE LLC SHOWCASE YOUR SPACE LLC Certificate of Status Certified Copy Page Count Estimated Charge S25.00

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## SHOWCASE YOUR SPACE LLC

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

The Articles of Organization for this Limited Liability Company were filed on 1/17/2023	_ and assigned
Florida document number 1.23000029888	

This amendment is submitted to amend the following:

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

SHOWCASE YOUR SPACE FLORIDA, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"

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, <u>enter the name of the new registered</u> agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:		
	Enter Horidastree	taddress 🔌 🔊
		. Florida
	ŬĤŢP	Zip Code,
		- J
Registered Agent's Signature, if changing Register	ed Agent:	
		<u>ເ</u> ມ

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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

2023-03-13 18:54:21 GMT

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person-being added</u> or removed from our records:

MGR = Manager

A B H D I X = A U H D H Z C U B I C H D C	AMBR =	Authorized	Member
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<u>Title</u>	Name	Address	Type of Action
<u></u>			🗆 Add
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			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Effective date, if other than the date of filing:				
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JOEL S. GINSBERG

Typed or printed name of signee

Filing Fee: \$25.00