

L23000303416

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

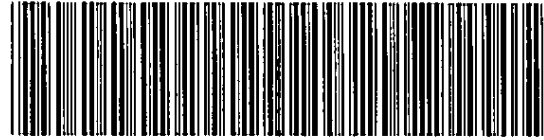
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
AUG - 7 2023

Office Use Only



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RECEIVED

2023 AUG - 4 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

23 AUG - 4 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from I20210000160: \$30.00

Authorization Signature: _____

Space Coast Auto Sales LLC L23000303416

BUSINESS

DOC#



☐ **Certified Copy of Articles of Organization**

☒ **Certificate of Status**

NEW FILINGS

- ☐ Profit Corp
- ☐ Not for Profit
- ☐ Officer/Director
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other
- ☐ **CORP**
- ☐ **LLP**

AMENDMENTS

- ☒ Amendment
- ☐ Resignation of R.A. or member
- ☐ Dissolution
- ☐ Change of Registered Agent
- ☐ Revocation of Dissolution
- ☐ Merger
- ☐ **Conversion**
- ☐ **Amended and restated Articles**
- ☐ **Statement of Correction**

OTHER FILINGS

- ☐ **Trademark**
- ☐ Annual Report
- ☐ NOTARY REGISTRATION
- ☐ Fictitious Name
- ☐ APOSTILLE
- ☐ Country

REGISTRATION/QUALIFICATIONS

- ☐ Foreign filing
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Other

EXAMINER'S INITIALS: _____

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EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Space Coast auto Sales LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Carla O'Connor

Name of Person

Space Coast auto Sales

Firm/Company

435 Patrick Ave.

Address

Merritt Island, FL 32953

City/State and Zip Code

SpaceCoastautoSales@gmail.com

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

For further information concerning this matter, please call:

_____ 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

FILED
23 AUG -4 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Space Coast Autosales 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 6/23/23 and assigned
Florida document number L2300030 3416.

This amendment is submitted to amend the following:

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

Space Coast auto Sales LLC

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)

641 Clearlake Road unit 51
CoCoa, Florida 32922

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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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>
MGR	Carla O'Connor	435 Patrick Ave.	<input checked="" type="checkbox"/> Add
		Merritt Island, FL	<input type="checkbox"/> Remove
		32953	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<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"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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.

8/3/23

Carla O'Law

Signature of a member or authorized representative of a member

Carla O'Connor

Typed or printed name of signee

Filing Fee: \$25.00