

L23 000 4130 L024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

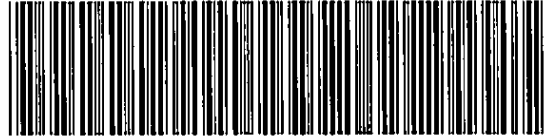
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2023 NOV 30 PM 3:13

12/01/2023 10:00:00 AM \$150.00

RECEIVED  
DIVISION OF CORPORATIONS  
TAX ASSESSMENT

NOV 30 PM 3:13

RECEIVED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SPACE COAST TOURS 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:

ZACHARY C LOCKE

\_\_\_\_\_  
Name of Person

SPACE COAST TOURS LLC

\_\_\_\_\_  
Firm/Company

~~5445 MURRELL ROAD, STE 102 PMB 1001~~

\_\_\_\_\_  
Address

1980 N Atlantic Ave 2nd Floor  
Cocoa Beach FL 32931

ROCKLEDGE, FL 32955

\_\_\_\_\_  
City/State and Zip Code

321jetskitours@gmail.com

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

For further information concerning this matter, please call:

ZACHARY C LOCKE

954

632-4210

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**

SPACE COAST TOURS 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 OCT 2, 2023 and assigned  
Florida document number L23000453624.

This amendment is submitted to amend the following:

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

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)

1980 N Atlantic Ave, Cocoa Beach  
FL, 32931

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1980 N Atlantic Ave, Cocoa Beach  
FL, 32931

**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.*

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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>
CEO	ZACHARY C LOCKE	5445 MURRELL ROAD	<input type="checkbox"/> Add
		STE 102 PMB 1001	<input checked="" type="checkbox"/> Remove
		ROCKLEDGE, FL 32955	<input type="checkbox"/> Change
Manager	ZACHARY C LOCKE	<del>5445 MURRELL ROAD</del> 1276 N WICKHAM RD	<input checked="" type="checkbox"/> Add
		<del>STE 102 PMB 1001</del> STE 102	<input type="checkbox"/> Remove
		<del>ROCKLEDGE, FL 32955</del> Melbourne FL 32935	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

ADD EIN # - 93-3740519

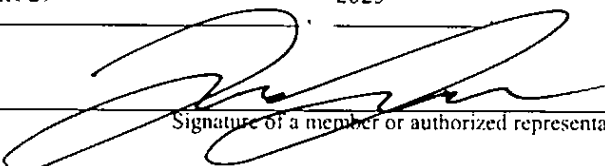
E. Effective date, if other than the date of filing: 11/29/2023 (optional)

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated NOVEMBER 29, 2023

  
Signature of a member or authorized representative of a member

ZACHARY C LOCKE

Typed or printed name of signee