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COVER LETTER

TO: Registration Division of C			
SPACE (SUBJECT:	COAST HYDROLICS AND SUI	PPLY LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fec(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Andrew Henbury		
		Name of Person	
	SPACE COAST HYDROI	LICS AND SUPPLY LLC	
		Firm/Company	
	1120 SOUTH WICKHAM	ROAD	
		Address	
	MELBOURNE,FL		
		City/State and Zip Code	
	andrewhenbury@yahoo.cor	n to be used for future annual report noti	licution)
For further information	concerning this matter, please c		
Andrew Henbury		321 2081373	
Nam	e of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check fo	r 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 Add Registration Division of P.O. Box 6	n Section Corporations	Street Address: Registration Se Division of Cor The Centre of T	porations

Tallahassee, FL 32314

The Centre of Tallahassec 2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SPACE COAST HYDROLICS AND SUPPLYS		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	ny as it now appears on our records.) Jability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 01/26/2024	and assigned
lorida document number 124000049134		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
SPACE COAST HYDRAULICS AND SUPPLY COMPANY LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	or the abbreviation "L.E.C."
Enter new principal offices address, if applicable:		202
Principal office address MUST BE A STREET ADDRESS)		74 S
	-	S S P
		HAS
Enter new mailing address, if applicable:		Sic P
		ည်း ယ
Mailing address MAY BE A POST OFFICE BOX)		32
		111, 112
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Remove
			☐ Change
			□ Add
			□Remove
		- 	☐Change
		_	
			□Remove
			☐Change
	·-·		□Add
			□Remove
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□Remove

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1/46.	date, if other that we date is listed, the da he date inserted in t 's effective date on	ms ofock does	normeerme	applicable st	of filing or mor atutory filing	e than 90 days requirements	optional) after filing.) Pu . this date will	rsuant to 605.0207 not be listed as
ecord sp is filed.	ecifies a delayed ef	fective date, bu	t not an effec	ctive time, at	12:01 a.m. or	the earlier o	f: (b) The 90	th day after the
SE	PTEMBER 18 202	1						
	Ana	las)	Harle					
			of a member of	or authorized re	presentative o	a member		

Filing Fee: \$25.00