2/9/24, 12:40 PM

Division of Corporations

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(((H24000056662 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC. Account Number : I2001000062

Phone : (323)962-8600 Fax Number : (323)389-0502

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

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SPACE UNTITLED LLC

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Help

COVER LETTER

	Registration So Division of Cor			
		STITLED LLC		
SUBJEC	1;	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	um all correspo	ondence concerning this matter	to the following:	
		Cheyenne Moseley		
		,	Name of Person	
		Legalzoom.com. Inc.		
			Firm Company	
		101 N Brand Blvd 11th Fl		
			Audress	
		Glendale, CA 91203		
			City/State and Zip Code	
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For furthe	r information c	oncerning this matter, please co	NI:	
Cheyenne Moseley			\$00 773-0888 at ()	
,,,,	Name o	f Peison	Area Code Dayti	ine Telephone Number
Enclosed i	is a check for th	ne following amount:		
□ \$25.0X	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enchand)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section at of Corporations ox 6327 issee, FL 32314	STREET/COUF Registration Sect Division of Corp Clifton Building 2661 Executive C	orations

Tallahassee, Fl. 32301

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SPACE UNTITLED LLC				
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records. Liability Company)	,		
The Articles of Organization for this Limited Liability Company were filed on $\frac{02/05/2024}{1.24000064135}$ and assigned				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LUC"	or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	2422 N Dixie Hwy.	SE S		
(Principal office address MUST BE A STREET ADDRESS)	Wilton Manors, FL 33305			
Enter new mailing address, if applicable:	2422 N Dixie Hwy.	金 阿		
(Mailing address MAY BE A POST OFFICE BOX)	Wilton Manors, FL 33305	100 100 100 100 100 100 100 100 100 100 100		
		F篇 8		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:		enter the name of the new		
New Registered Office Address:	Enter Florida street address			
	, Florida			
and the second second second second second second	Ciņ	Zφ Code		
New Registered Agent's Signature, if changing Registered Agent:		har aman to comply with the		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	performance of my duties, and provided for in Chapter 605, F.	I I am familiar with and S. Or, if this document is		

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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>	Address	Type of Action
AMBR	MATTEO TRISOLINI		□ Add
			☐ Rensove
		2422 N Dixie Hwy. Wilton Manors, FL 33305	€ Change
			D Add
			☐ Remove
			☐ Change
			☐ Remove
			☐ Change
			□ Remove
			☐ Change
		Auto	
			□ Remove
		and the state of t	☐ Change
			Add
			☐ Remove
			☐ Change

D.	lf am	ending any other info	rmation, enter change(s) here: (Att	ach additional sheets, if nec	rssmy.)	
			1.32000			

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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	2/9	2024	
		Molles to -	
		Signature of a member of authorized representative of a member	
	Matteo Trisolini		
		Typed or printed name of signed	

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Filing Fee: \$25.00