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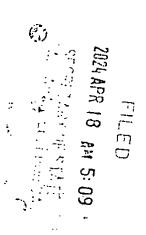




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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Space Coast Filter 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:
Chaistopher Tutte Name of Person
Space Coast Filter LUC Firm/Company
175 Haris Bluch
Indialantic FL 32903 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Christopher Tottle at (321) 412 - 5087 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Space coast F	ilter 1	LLC.	
(<u>Name of the Limited Liability Company as i</u> (A Florida Limited Liabilit	t now appears of y Company)	n our records.)	···
The Articles of Organization for this Limited Liability Company were	filed on/	larch 13th 20	
Florida document number <u>L-24000125549</u> .		Z02	24
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability of	ompany here	:	
Space Coast Filters LLC			
The new name must be distinguishable and contain the words "Limited Liability Co	mpany," the desi	gnation "LLC" or the abbr	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
		(3)	
Enter new mailing address, if applicable:		: - <u>2.2</u>	2024
(Mailing address MAY BE A POST OFFICE BOX)			P.
maining dadress MAT BE AT 631 OF FICE DOM			8
B. If amending the registered agent and/or registered office addre	ess on our rec	ords, enter the name	
agent and/or the new registered office address here:			0
		7 (C)	9
Name of New Registered Agent:			
New Posissand Office Address			
New Registered Office Address:	Enter Florid	a street address	
		Florida	
	Žity	rivilua	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 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 i 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>	Name	Address	Type of Action
MGR Christopher Tittle	Christopher Title	125 Harris Blud	` 5 KAdd
		Indialantic, FL. 32903	→ □Remove
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). If amei	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe Note:	ve date, if other than the date of filing:
the record	I 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 ed.
Dated	4-16-24
	Signature of a member or authorized representative of a member
	Christopher Titte Typed or printed name of signee