

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : LEGALZOOM.COM INC. Account Number : I20010000062 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 SHAPE SPACE LLC

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Electronic Filing Menu — Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section Division of Corporations				
Arm may	SHAPE SP			
SUBJECT:		Name of Limit	ed Liability Company	
The enclosed	LAmeles of	Amendment and fee(s) are subm	etted for filmo	
		indence concerning this matter to		
		Mike Town		
			Name of Person	
		Legalzoom com, Inc.	Firm'Company	
		9900 Spectrum Dr	Ciril Company	
			Address	
		Austin, TX 78717		
		mariahmiller3911@gmail.com		
Carlon Carlon C	· e · · · · · · · · · · · · · · · · · ·	•	be used for future annual report neuf	ication)
Mike Town	itoimation c	oncerning this matter, please cal	800 773-0888	
Stire rawn	Name o	f Person	at () Area Code Daytima	Telephone Number
Unclosed is a	rcheck for th	ne following amount:		
□ \$25,00 F	iling Fee	□ \$30 00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy fidditional copy is enclosed)
	Registi	ING ADDRESS: ation Section or of Corporations	STREET/COURI Registration Section Division of Corpora	n

Clifton Building

256) Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2024 NOV 25 AM U: 20

SHAPE SPACE ELC	7111:30
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our record. LAHASSEE. FLORIDA
The Articles of Organization for this Limited Liability Company Florida document number 1.24600126415	were filed on $\frac{03/13/2024}{}$ 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 comain the words "Limited Liabil	hty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5666 Seminole Blvd.
(Principal office address MUST BE A STREET ADDRESS)	Seminole, FL 33772
Enter new mailing address, if applicable:	2128 óth Ave , N.
(Mailing address MAY BE A POST OFFICE BOX)	Saint Petersburg, F1, 33713
B. If amending the registered agent and/or registered of 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 Cock

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

Title	Name	Address	Type of Action
AMBR	Mariah B Miller		
			☐ Remove
		2128 6th Ave. N Saint Petersburg, FL 33713	
		*** ** ** *	
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Note: If	re date, if other than the date of filing: covered to date is listed, the date must be specific and cannot be prior to date of filing or more than 9 if the date inserted in this block does not meet the applicable statutory filing require nt's effective date on the Department of State's records.	ments, this date will not	nt to 505 0207 t be listed as t
	ord specifies a delayed effective date, but not an effective time, at 90th day after the record is filed.	: 12:01 a.m. on the	e earlier of:
Dated _	11.24/2024		
	/S/ Mariah Brianne Miller		
	Signature of a member or authorized representative of a mem	nlier	
	Mariah Brianne Miller		