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Certified Copies		Certific	ates of	Status
Special Instructions	to Filir	ng Officer		
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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

SPACETIME I	NVESTMENT	S LLC	<del></del>
Please Debit FC	CA000000003 For	r: 25	
Thank you Seth	Neelev		
Sty	/		Art of Inc. File (7.2) LTD Partnership File (7.2)
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Fictitious Name File
			Merger File 77
			Art. of Amend, File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
,			Officer Search
4			Fictitious Search
Signature	<del></del>		Fictitious Owner Search
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			Driving Record
Requested by:			UCC 1 or 3 File
		Tr:	UCC 11 Search
Name	Date	Time	UCC 11 Retrieval
Walk-In	Will Pick	« Up	Courier

## **COVER LETTER**

TO: Registration Division of	s Section Corporations		
	ne Investments LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	Paul J. Sardon, Esq.		
		Name of Person	<del></del>
	Paul J. Sardon, P.A.		
		Firm/Company	
	10691 N Kendall Dr #112		753 21 41
		Address	
	Miami, FL 33176		
		City/State and Zip Code	
	psardon@sardonlaw.com		ification)
For further informati	E-mail address: ( on concerning this matter, please c	to be used for future annual report not all:	intention)
Paul Sardon		305 962-8726	
Na	ne of Person	at ()	ne Telephone Number
Enclosed is a check f	or the following amount:		
■ \$25.00 Filing Fe	e \$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)
<u>Mailing Ad</u> Registration	dress; on Section	<u>Street Address:</u> Registration Se	ection
	of Corporations	Division of Co	
P.O. Box	6327	The Centre of	
Tallahasse	ee, FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Spacetime Investments LLC	and a second of	
(Name of the Limited Liability Company as it n (A Florida Limited Liability C	ompany)	
he Articles of Organization for this Limited Liability Company were fillorida document number L24000138462	ed on March 20, 2024	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liability con	npany here:	
he new name must be distinguishable and contain the words "Limited Liability Comp	any " the decimation "I I C" or the abbre	viation "L.L.C."
	any, the designation fire of the above	Viation L.D.C.
nter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRESS	······································	<del>-</del>
	<u> </u>	<u></u>
	<del>.</del>	: 'S
nter new mailing address, if applicable:	<u> </u>	
Mailing address MAY BE A POST OFFICE BOX)	7177	င္သာ
THE PARTY CONTROL OF THE PARTY		05
<del></del>		
<ul> <li>If amending the registered agent and/or registered office address gent and/or the new registered office address here:</li> </ul>	on our records, enter the name o	of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
Ch	, Florida	7in Code
Cin		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, 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
MGR	Rosa D Ramirez	9300 Bay Harbor Terrace Apt 2C	□ Add
		Bay Harbor Islands, FL 33154	≅Remove
			☐ Change
MGR	Carolina Daniela Ramirez	9300 Bay Harbor Terrace Apt 2C	🗏 Add
		Bay Harbor Islands, FL 33154	()Remove
			Change
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		<u> </u>	Change
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03/14	4/2024			
ctive date, if other than the date of filing:	be prior to date of t	filing or more than	(optional) O days after filing.) Pr	ursuant to 605.0
e: If the date inserted in this block does not meet the iment's effective date on the Department of State's r	e applicable statu ecords.	tory filing require	ements, this date wi	li not be listed
			41 C (1) (7)	
ord specifies a delayed effective date, but not an effe filed.	ective time, at 12	:01 a.m. on the ex	irlier of: (b) The 9	Oth day after
March 20 (2024	?			
ed March 29 , 2024	··			
Signature of a member				
CSignature of a member	or authorized repr	eschanve of a mer	noci	

Filing Fee: \$25.00