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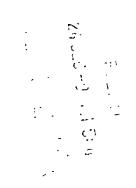
(Requestor's Name)
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(City/State/Zip/Phone #)
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(Document Number)
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COVER LETTER

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TO: Registration Se Division of Cor		
	S NOW LLC	
SUBJECT:	Name of Limi	ted Liability Company
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.
Please return all correspo	ondence concerning this matter	to the following:
	Kathleen Hemingway	
		Name of Person
	SPACIOUS NOW LLC	
		Firm/Company
	6625 Argyle Forest Blvd S	te 4PMB 5010
		Address
	Jacksonville, FL 32244	
	la e ale minama Canail a	City/State and Zip Code
	katemhemingway@gmail.co E-mail address: (to be used for future annual report notification)
For further information	concerning this matter, please c	all:
Kathleen Hemingway		860 874-7944 at (
Name	of Person	Area Code Daytime Telephone Number
Enclosed is a check for	the following amount:	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

was it now appears on our records. ability Company) were filed on April 17, 2024 lity company here:	and assigned
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ty Company " the decimation "I I C"	- ~
ty Company. the designation 1200	or the abbreviation "L.L.C."
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726 NE 11th Ave	· •
Gainesville, FL	
32601	
ddress on our records, enter t	he name of the new regi
Enter Florida street address	
	ridaZip Code
	Gainesville, FL 32601 ddress on our records, enter t Enter Florida street address

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	

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
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Effective date, if other than the If an effective date is listed, the date mus Note: If the date inserted in this ble document's effective date on the De	ock does not meet the app	heable statutory filing r	(optional) e than 90 days after filing.) F requirements, this date w	fursuant to 605.0207 (ill not be listed as th
e record specifies a delayed effective	e date, but not an effective	e time, at 12:01 a.m. on	the earlier of: (b) The	90th day after the
ord is filed.	2024			
ord is filed. Dated	11 _			
ord is filed. Dated	Signature of a member or at		`a member	