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COVER LETTER

TO:	Registration S Division of Co			
SHRII	SKYDUO,	LLC		
SUBJE		Name of Lir	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		VANESA PAZ		
			Name of Person	
		THE IMMIGRATION LA	AW FIRM, LLC	
		****	Firm/Company	
		500 BAYVIEW DRIVE #	631	
		***************************************	Address	
		SUNNY ISLES, FL 33160)	
			City/State and Zip Code	
		vl_paz@yahoo.com		
		E-mail address: (to be used for future annual report notif	teation)
For furt	her information c	oncerning this matter, please c	all:	
VANE	SA PAZ		786 6832948	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	ne following amount:		
≅ \$25	.00 Filing Fee	☐ \$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)

MAILING ADDRESS:

₹

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

SKYDUO, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{01/08/2016}{1}$ and assigned Florida document number ____L16000006158 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: N/A Name of New Registered Agent: N/A New Registered Office Address: 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.

City

N/A

If Changing Registered Agent, Signature of New Registered Agent

, Florida N/A

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			
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If the re (b) The	cord specifies a delayed effective of 90th day after the record is filed.	date, but n	ot an effecti	ve time, at 12	:01 a.m. or	1 the	earlie	r of:
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	Signature of a	member or aut	forized represent	lative of a member				
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Filing Fee: \$25.00