

L170000068901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

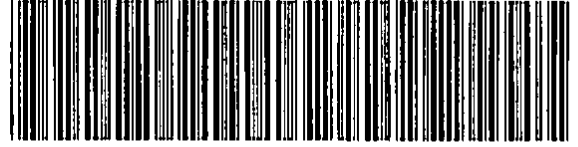
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700376567107

11/16/21--01012--012 60.00

11/16/21 10:23 AM  
FILING OFFICE

NOV 16 AM 10:23

17-10-27

TAS

# COVER LETTER

TO: Registration Section:  
Division of Corporations

SUBJECT: WIRMS 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:

Luke Amoresano  
Name of Person

Broker Model P.A.  
Firm/Company

2650 W State Road 84, Ste 103  
Address

Fort Lauderdale, FL  
City/State and Zip Code

lukeskybroker@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luke Amoresano at ( ) 954 328-0440  
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 & 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 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**

WIRMS 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 03/21/2017 and assigned Florida document number L17000068901.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Luke Skybroker LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

2650 W State Road 84, Ste 103

**(Principal office address MUST BE A STREET ADDRESS)**

Fort Lauderdale, FL 33312

**Enter new mailing address, if applicable:**

2650 W State Road 84, Ste 103

**(Mailing address MAY BE A POST OFFICE BOX)**

Fort Lauderdale, FL 33312

**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:**

Name of New Registered Agent:

Broker Model P.A.

New Registered Office Address:

2650 W State Road 84, Ste 103

*Enter Florida street address*

Fort Lauderdale

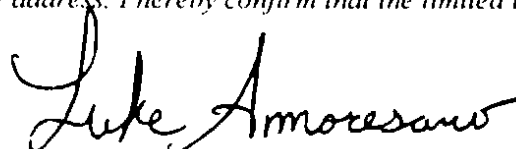
*City*

Florida 33312

*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 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>    | <u>Address</u>                | <u>Type of Action</u>                      |
|--------------|----------------|-------------------------------|--|
| MGR          | Luke Amoresano | 2650 W State Road 84, Ste 103 | <input type="checkbox"/> Add               |
|              |                | Fort Lauderdale, FL 33312     | <input type="checkbox"/> Remove            |
|              |                |                               | <input checked="" type="checkbox"/> Change |
|              |                |                               | <input type="checkbox"/> Add               |
|              |                |                               | <input type="checkbox"/> Remove            |
|              |                |                               | <input type="checkbox"/> Change            |
|              |                |                               | <input type="checkbox"/> Add               |
|              |                |                               | <input type="checkbox"/> Remove            |
|              |                |                               | <input type="checkbox"/> Change            |
|              |                |                               | <input type="checkbox"/> Add               |
|              |                |                               | <input type="checkbox"/> Remove            |
|              |                |                               | <input type="checkbox"/> Change            |
|              |                |                               | <input type="checkbox"/> Add               |
|              |                |                               | <input type="checkbox"/> Remove            |
|              |                |                               | <input type="checkbox"/> Change            |
|              |                |                               | <input type="checkbox"/> Add               |
|              |                |                               | <input type="checkbox"/> Remove            |
|              |                |                               | <input type="checkbox"/> Change            |

RECEIVED  
 2021 MAY 16 AM 10:23  
 MAIL ROOM

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

2021 NOV 16 AM 10:23  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated November 9, 2021

*Luke Amoresano*

Signature of a member or authorized representative of a member

Luke Amoresano

Typed or printed name of signee

Filing Fee: \$25.00