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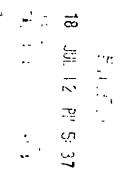
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Certified Copies	_ Certificates	of Status
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S. PRATHER

## **COVER LETTER**

TO: Registration Se Division of Co			
SUBJECT:	SKIBA HOLDING		
	Name of Limi	ited 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:	
	ROBERT		
		Name of Person	
	SK184	HOLDINGS LLC	
		Firm/Company	
	1050 B1	Address # 21	
	Mlani F	T. 33131	
		City/State and Zip Code	
	robskibe 15	o quail. Lom	
	E-mail address: (t	to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	di:	
RUBEET	SKIRA of Person	at ( <u>704</u> ) <u>649-7</u> Area Code Daytime	7794
Nane	7 1 Cl3011	Area Code Daytine	Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing 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 (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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SKIBA HOLL DINGS, CLC

(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 Liabili	ity Company were filed on	and assigned
Florida document numberL170to129418		
This amendment is submitted to amend the following		
A. If amending name, enter the new name of the	limited liability company here:	- E :44
A. If amending name, enter the new name of the  RAND - SUR COMMODITIES  The new name must be distinguishable and contain the words	LLC	- T
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	<u> </u>	<del></del>
(Principal office address MUST BE A STREET A	DDRESS)	<u></u> ω
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
_	, Floric	ia
	City	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

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