# L1800000 7558

| (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: |  |  |  |  |  |
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only

N COOPED APR 25 2018

## **COVER LETTER**

| Ľ   | Division of Corp           | porations  |  |  |  |  |
|---|----------------------------|--|--|--|--|--|
| SUBJEC  |                            | or Services, LLC   |  |  |  |  |
| SOBJEC  | ··                         | Name of Limited Liability Company  |  |  |  |  |
|   |                            |  |  |  |  |  |
| The enclo   | sed Articles of A          | Amendment and fee(s) are submitted for filing.   |  |  |  |  |
| Please retu                                       | urn all correspon          | ndence concerning this matter to the following:  |  |  |  |  |
|   |                            | Rocco S. Napolitano  |  |  |  |  |
|   |                            | Name of Person   |  |  |  |  |
|   | SKH Interior Services, LLC |  |  |  |  |  |
|   | Firm/Company               |  |  |  |  |  |
|   | 5447 SW 24th AVE           |  |  |  |  |  |
|   |                            | Address  |  |  |  |  |
|   | Ft. Lauderdale             |  |  |  |  |  |
| City/State and Zip Code                           |                            |  |  |  |  |  |
|   |                            | roccopsu@gmail.com   |  |  |  |  |
|   |                            | E-mail address: (to be used for future annual report notification)   |  |  |  |  |
| For furthe  | r information co           | oncerning this matter, please call:  |  |  |  |  |
| Rocco S.  | Napolitano                 | 954 8126734<br>at ()   |  |  |  |  |
| Name of Person Area Code Daytime Telephone Number |                            |  |  |  |  |  |
| Enclosed  | is a check for the         | e following amount:  |  |  |  |  |
| \$25.00   | 0 Filing Fee               | Solution for the status of Status and Solution for the status of Status and Solution for the status of Sta |  |  |  |  |

#### MAILING ADDRESS:

· TO: · Registration Section

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

| SKH Interior Services, LLC   |   |                       |  |
|--|---|-----------------------|--|
| (Name of the Limited Liability Compa<br>(A Florida Limited L   | ny as it now appears on our records.)<br>Liability Company) |                       |  |
| The Articles of Organization for this Limited Liability Company Florida document number L18000007558   | and assigned  |                       |  |
| This amendment is submitted to amend the following:  |   |                       |  |
| A. If amending name, enter the new name of the limited liabi   | ility company here:   |                       |  |
| The new name must be distinguishable and contain the words "Limited Liabil   | ity Company," the designation "LLC" or the                  | abbreviation "L.L.C." | _  |
| Enter new principal offices address, if applicable:  |   | <b>18</b> A           | 335  |
| (Principal office address MUST BE A STREET ADDRESS)  |   | APR AP                |  |
|  |   | 20                    | ;≅;  |
| Enter new mailing address, if applicable:  |   | AM I                  | 195<br>195<br>195<br>195<br>195<br>195<br>195<br>195<br>195<br>195 |
| (Mailing address MAY BE A POST OFFICE BOX)   |   | <b></b>               | AEG<br>AEG   |
|  |   |                       | >  |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:  New Registered Office Address: |   | r the name of the     | <u>new</u>   |
|  | , Florida _   |                       | _  |
|  | City  | 7in 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>         | Address          | Type of Action |
|--------------|---------------------|------------------|----------------|
| MBR          | Nelson Ely Galdamez | 1313 NW 36th St. | 🛱 Add          |
|              |                     | Maimi, FL 33142  | Remove         |
|              |                     |                  | □ Change       |
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|              |                     |                  | ☐ Change       |
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| E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than Note: If the date inserted in this block does not meet the applicable statutory filing requi document's effective date on the Department of State's records. | (optional) 90 days after filing.) Pursuant to 605.0207 (3)(b rements, this date will not be listed as the |
| If the record specifies a delayed effective date, but not an effective time, (b) The 90th day after the record is filed.   | at 12:01 a.m. on the earlier of:  |
| Dated  | mber  |
|  | mvv.  |
| Rocco S. Napolitano  |   |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00