LIS 000 114657

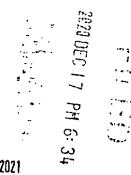
(Re	questor's Name)	
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S. YOUNG.

COVER LETTER

	Registration Se Division of Co			
SUBJEC	SkyeTec E	ingineering Services, LLC		
00000		Name of Lin	nited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
		ondence concerning this matter	_	
		Frank Ferrentino		
			Name of Person	
		SkycTec Engineering Serv	vices, LLC	
			Firm/Company	
		9570 Regency Square Blv	d., Suite 405	
			Address	
		Jacksonville, FL 32225		
		·	City/State and Zip Code	<u> </u>
		smilligan@skyetec.com		
For furthe	r information c	E-mail address: (oncerning this matter, please c	to be used for future annual report nall:	otification)
Frank Fer			904 482-4284	
	Name o	f Person	at () Area Code Dayt	ime Telephone Number
Enclosed i	s a check for th	ne following amount:		
■ \$25.00	0 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)
R	lailing Address legistration Solvision of Co	Section	Street Address: Registration S	
P	.O. Box 632	7	Division of C The Centre of	
Т	allahassee, F	FL 32314		roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SkyeTec Engineering Services, LLC		三。
(<u>Name of the Limited I</u> (A	jability Company as it now appears on our records.) Iorida Limited Liability Company)	
The Articles of Organization for this Limited Liabi Florida document number L18000116657		and assigned.
This amendment is submitted to amend the followi	ng:	.
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office address h		name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
-	Florie	da 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>	Name	Address	Type of Action
VP	Lesley Davidson	9570 Regency Square Blvd., Suite 406	
		Jacksonville, FL 32225	■Remove
			□Change
VP	Keith Bowman	9570 Regency Square Blvd., Suite 405	≡ Add
		Jacksonville, FL 32225	□Remove
			□Change
			□Add
			□Remove
			Change
			🗀 Add
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			□ Change

			
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ffective date, if other than the an effective date is listed, the date must lote: If the date inserted in this blocument's effective date on the Document	t be specific and cannot be prior to d ock does not meet the applicable	late of filing or more than 90 days a	otional) fter filing.) Pursuant to 605,0207 (this date will not be listed as t
record specifies a delayed effectiv	e date, but not an effective time	, at 12:01 a.m. on the earlier of:	(b) The 90th day after the
l is filed.			
December 14	2020		
ated	. 2020		
December 14			
ated	Signature of a member or authorize	d representative of a member	

Filing Fee: \$25.00