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COVER LETTER

го:	Registration Section Division of Corpo			
SUBJE	ст: <u>Seav T</u>	he Day Appared Name of Limit	ed Liability Company	
The enc	losed Articles of An	nendment and fee(s) are subn	nitted for filing.	
Please r	eturn all correspond	ence concerning this matter t	o the following:	
		Bizi ++	Name of Person	
			Firm/Company	<u>.</u>
		2204 N	JW 8th Terrace Address	
		Cape Coral	FL 33993 City/State and Zip Code	
			chy/State and Zip Code Chat @ gmail. Com o be used for future annual report not	Cification)
For f ur t	her information con	cerning this matter, please ca	મી:	
	B.e. Hany Name of P	Franzen Person	at (<u>UIA</u>) 901c Area Code Daytir	ne Telephone Number
Enclose	ed is a check for the	following amount:		
12* \$2.	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address:	

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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

Seas The Day Apparel LLC
Seas The Day Appared 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 August 18, 2021 and assigned Florida document number <u>L21000370893</u> .
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
Skelebat LLC
Sketchat 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:
(Principal office address MUST BE A STREET ADDRESS)
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:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
New Registered Office Address: Enter Florida street address Florida
, riorida
New Registered Agent's Signature, if changing Registered Agent:
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
			□Add
			□ Remove
			☐ Change
			□ Add
			□Remove
			Change
			□Add
			Remove
			□Add
			□Remove
			□ Change
			□ Add
			Remove
			☐ Change
			□ Add
			□ Remove
			□Change

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