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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

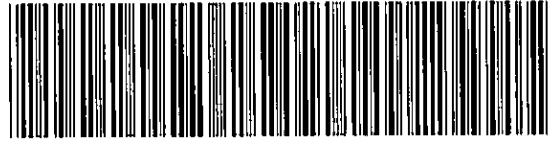
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SKYROSE EMPIRE LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.
Please direct all correspondence concerning this matter to the following:

DIAN V C FLOREZ
Name of Person
US CON LADOR INC
Firm Company
1887 WHITE SBORO BLVD 33
Address
COCONUT CREEK, FL 33073
City, State and Zip Code
INFO@USCONLADOR.COM
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call

DIAN V C FLOREZ
Name of Person
954 9092143
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)
- \$90.00 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

2023 MAR 27 PM 2:28
REGISTRATION SECTION
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SKYROS EMPIRE 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 MARCH 09TH 2023 and assigned Florida document number 12300024065

This amendment is submitted to amend the following:

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

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:

(Use Florida street address)

Florida

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

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If amending Authorized Persons 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	ZEN ECKELLA RODOLFO	4855 WHITE SBORO BLVD B3	Add
		COCONUT CREEK, FL 33073	Remove
			Change
MGR	ZEN ECKELLA RODOLFO	4855 WHITE SBORO BLVD B3	Add
		COCONUT CREEK, FL 33073	Remove
			Change
			Add
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Effective date of filing: _____ (optional)

For the purpose of this document, the date of filing is the date the document is filed with the Department of Revenue. If the document is filed with the Department of Revenue after the date of filing, the date of filing will not be used as the effective date of the document. If the document is filed with the Department of Revenue before the date of filing, the date of filing will be used as the effective date of the document.

This document is effective until the date of the next filing. The date of the next filing is the date of the next filing.

MARCH 9TH

2023

RODOLFO ZENECKELL

[Handwritten signature]

Typed or printed name of filer

Filing Fee: \$25.00

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STATE OF CALIFORNIA
DEPARTMENT OF REVENUE
JLD