

L25000309304

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

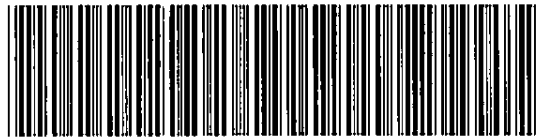
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



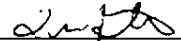
500453308055

FILED
2025 SEP 11 AM 8:10
CITY OF NEW YORK

RECEIVED
2025 SEP 11 AM 10:34
CITY OF NEW YORK

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account: I20210000160: \$55.00

Authorization Signature 

SKYLOR COLE MCGOUGH LLC L25000309304

Business Name #Document

Walk in _____ Will wait

X Certified Copy of Articles of Organization

____ Certificate of Status:

NEW FILINGS

____ Profit
____ Not for Profit
____ LLC
____ Domestication
____ INC
____ CORP
____ PLLC

AMENDMENTS

X Amendment
____ Resignation of R.A.
____ Change of Registered Agent
____ Revocation of Dissolution
____ Conversion
____ Reinstatement
____ Merger
____ REVOCATION OF DISSOLUTION

OTHER FILINGS

____ TRANSMITTAL LETTER
____ Fictitious Name
____ Statement of Authority
TRADEMARK

REGISTRATION/QUALIFICATIONS

____ Foreign Filing
____ Partnership
____ Reinstated Articles of Organization
____ Statement of Authority

____ Domestication of a Foreign Corp_

____ Other

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SKYLOR COLE MCGOUGH LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Skylor McGough

Name of Person

Firm/Company

560 James St

Address

Orange City/Florida 32763

City/State and Zip Code

Skylor.mcough4u@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Skylor McGough

Name of Person

at (386)

Area Code

777-8110

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)

☐ \$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 Address:

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

FILED

2025 SEP 11 AM 8:10

SKYLOR COLE MCGOUGH 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 07/03/2025 and assigned
Florida document number L25000309304.

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:

Enter 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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Add EIN # 39-3825311

2025 SEP 11 AM 8:10

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated September 10th, 2025.

Skylor McGough
Signature of a member or authorized representative of a member

SKYLOR MCGOUGH
Typed or printed name of signee