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(Business Entity Name)

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SKYWEB 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:

**CABRAL, LUIZ OSCAR JR**

Name of Person

**NONA TECH LLC**

Firm/Company

**6923 Narcoossee Rd**

Address

**ORLANDO, FL 32822**

City/State and Zip Code

**info@smartclick.me**

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

For further information concerning this matter, please call:

**CABRAL, LUIZ OSCAR JR** at **(321) 234-1440**

Name of Person

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)

☐ \$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/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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and assigned

**(Name of the Limited Liability Company as it now appears on our records.)**  
(A Florida Limited Liability Company)

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
PRES	CABRAL, LUIZ OSCAR JR	5401 S. KIRKMAN RD, 3RD FLOOR	<input type="checkbox"/> Add
		ORLANDO, FL 32819	<input type="checkbox"/> Remove
MGR	NONA GROUP LLC	6923 Narcoossee Rd	<input type="checkbox"/> Add
		ORLANDO, FL 32822	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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TALLAHASSEE, FLORIDA

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

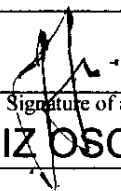
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated October 2nd, 2014

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

**CABRAL, LUIZ OSCAR JR**

\_\_\_\_\_  
Typed or printed name of signee