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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

For further information concerning this matter, please call:

CABRAL, LUIZ OSCAR JR

,,321,234-1440

Name of Person

Area Code

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SKYWEB LLC		
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 02/28/2013	and assigned
Florida document number L13000030764	**************************************	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
NONA TECH LLC		
he new name must be distinguishable and end with the words "l	Limited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADL	DRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
TARRING BRUTESO MATERIAL STATE OF THE BOTT		
B. If amending the registered agent and/or reg	vistered office address on our records, ent	er the name of the r
egistered agent and/or the new registered office ad		<u> </u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City , Fiorida	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 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 = M AMBR = A	anager uthorized Member		E. 2
<u>Title</u>	Name	Address	Type of Action
PRES	CABRAL, LUIZ OSCAR JR	5401 S. KIRKMAN RD, 3RD FLOC	R Add
		ORLANDO, FL 32819	Remove 55
MGR	NONA GROUP LLC	6923 Narcoossee Rd	
		ORLANDO, FL 32822	Remove
			Add
			☐ Remove
		Adventure and the second secon	_

			Remove
			Add
			Remove
		 	
·			□ Add
			□ Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
	No.	20
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E. Effective date, if other than the date of filing:		
Dated October 2nd 2014		
The state of the s		
Signature of a member or authorized representative of a member		
CABRAL, LUIZ OSCAR JR		
Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00