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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:	Registration S Division of Co			
SURJE	Sky Arts	Studio LLC		
. (013.72)			ited Liability Company	
The enc	losed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all corresp	ondence concerning this matter	to the following:	
		Adriana Alvarez		
			Nume of Person	
			432	
		10323 NW 56th St	Firm/Company	
		Doral, FL 33178	Address	
		skyartsstudio33@gmail.com	City/State and Zip Code	
			to be used for future annual report notif	ication)
For furth	er information o	concerning this matter, please c	all:	
Adriana	Alvarez		786 352-3719 at ()	
	Name (of Person	Area Code Daytime	Telephone Number
Enclosed	is a check for t	he following amount:		
■ \$ 25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ S55.00 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

Sky Arts Studio LEC		
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our record da Limited Liability Company)	<u>ls.</u>)
The Articles of Organization for this Limited Liability Florida document number L19000161769	Company were filed on June 19,2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lie	mited 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 ADD	RESS)	
		2 15
		8 6. 3 6.
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regi registered agent and/or the new registered office add		s, enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	KS .
		orida
	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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MBR	Sebastian Gil	11850 SW 19th Ter #128 Miami FI 33175	
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	07/1	5/2019			
Effective date, if other than t (If an effective date is listed, the date i	he date of filing:			(optional)	•= 605 0207 (3)(h
Note: If the date inserted in this	block does not meet the	e applicable statuto	ing or more than 90 di ry filing requiremen	nts, this date will not	be listed as the
document's effective date on the	Department of State's r	ecords.			
			45 - 45 45).01 on the	parliar of
the record specifies a delay b) The 90th day after the r	ed effective date, t ecord is filed.	out not an errec	itive time, at 12	2:01 a.m. on the	earner or.
,					
Dated	2019	9			
<u> </u>	Signature of a member	or authorized repres	entative of a member	<u></u>	
	Signature of a member	ar management represe			
Adriana Alvarez					
	Typed	or printed name of si	gnee		

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

Page 3 of 3

Filing Fee: \$25.00