Division of Corporations

Page 1 of 1



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To:

Division of Corporations

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1 (850)617-6383

From:

: DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, (P.A. Account Name

Account Number : 076077001702 1 (407)841-1200 Phone

Fax Number : (407)423-1831

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one smail address please. **

Estail Address: jlf21959@aol.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SKY TOP ENTERPRISES, L.L.C.

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COVER LETTER

TO;	Registration Se Division of Cor			
CIID IE	SKY TOP	ENTERPRISES, L.L.C.		
SUBSE	CT:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing,	
Please n	eturn all correspo	ndence concerning this matter	to the following:	
		Stephen R. Looney,	ESQ,	
			Name of Person	
		DEAN MEAD EGERTOR	NBLOODWORTH CAPOUANC	& BOZARTH, P.A.
			Firm/Company	
		420 S ORANGE AVENU	E, SUITE 700	
			Address	 _
		ORLANDO, FL 32801		
			City/State and Zip Code	
		jlf21959@sol.com	to be used for future annual report no	Niferifor)
For furt	ner information c	oncorning this matter, please c	•	Arrice actions
STEPH	EN R. LOONEY	, esq.	407 428-5128	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclose	d is a check for th	e following amount:		
□ \$ 25.	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filling Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COUI Registration Sect Division of Corp Clifton Building 2661 Executive (Tallahassee, FL	orations Center Circle

(((H16000241715 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SKY TOP ENTERPRISES, L.L.C.	ed Liability Compa (A Florida Limited	μίν με lt πρέν επίτερης ση Lightity Company)	GILL LECOLATS		
The Articles of Organization for this Limited L. Florida document number L02000025889		•		_ and assig	ned
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name o	f the limited liab	ility company here:			
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the design	ation "LI.C" or the abbro	rlation "L.L.	c."
Enter new principal offices address, if applie	able:	3326 BUTLER BAY	' NORTH	_	
(Principal office address MUST BE A STREE		WINDERMERE, FI	. 34786	55	
					<u> </u>
			·····	28	425
Enter new mailing address, if applicable:		3326 BUTLER BAY	/ NORTH	770	울크
(Malling address MAY BE A POST OFFICE	<u>BOX)</u>	WINDERMERE, C	L, 34786	<u> </u>	9.,,
		·	<u> </u>	₩ ————————————————————————————————————	<u> 본</u>
B. If amending the registered agent and/ registered agent and/or the new registered of			r records, <u>enter the</u>	name o	the new
Name of New Registered Agent:	JORGE L. FLO	DRIN		, <u>, , , , , , , , , , , , , , , , , , </u>	,
New Registered Office Address:	3326 BUTLER	BAY NORTH			
		Enter Florida s	ir o ai nddross		
	WINDERMER		, Florida <u>34786</u>	<u> </u>	
Non-Bartagard Assatts Clauserine It abounded		Cliy		Zip Carls	

New Registered Agent's Signature, if changing Registered Agents

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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered affice 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

Page 1 of 3

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(((H16000241715 3)))

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
PRES	JORGE L. FLORIN	3326 BUTLER BAY NORTH	
		WINDERMERE, FL 34786	₩ Remove
			Change
MGR	JORGE L. FLORIN	3326 BUTLER BAY NORTH	
		WINDERMERE, FL 34786	□ Remove
			☐ Chang¢
V	JOY RAY	3326 BUTLER BAY NORTH	
		WINDERMERE. FL 34786	Remove
			Change
MGR	CAROL PAWLEY	3326 BUTLER BAY NORTH	□ Add
		WINDERMERE, FL 34786	■ Remove
			☐ Change
MGR	CAROL ADAMS	J326 BUTLER BAY NORTH	
	·	WINDERMÊRE, FL 34786	Refflore
			Change CAT
	_		
			□ Remove 7
			Change

(((H16000241715 3)))

The name of this limited liability company is SKY TOP ENTERPRISES. L.L.C., and its principal office and mailing address is located at 3326 Butler Bay North. Windermere, FL 34786. ARTICLE V OF THE ARTICLES OF ORGANIZATION ARE AMENDED AS FOLLOWS: ARTICLE V - MANAGEMENT This organization is to be managed by a manager or managers. The name and address of the manager are: Jorge L. Florin, 3326 Butler Bay North, Windermere, FL 34786. ARTICLE VI OF THE ARTICLES OF ORGANIZATION ARE AMENDED AS FOLLOWS: ARTICLE VI - REGISTERED OFFICE AND AGENT The street address of this limited liability company's registered office is 3326 Butler Bay North. Windermere. Florids 34786, and the name of this limited liability company's registered agent is JORGE L. FLORIN. Teetive date, If other than the date of filling: (optional) In effective date, if other than the date of filling: (optional) In effective date in liability date on the Department of State's records. The street date, if other than the date of filling: (optional) Signature of a member or nuthorized representative of a member Signature of a member or nuthorized representative of a member Signature of a member or nuthorized representative of a member Page 3 of 3	A	ARTICLE! - NAME AND PRINCIPAL OFFICE
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