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(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE ON SECRETARY OF CORPORATIONS
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MAY 1 0 2013

T. HAMPTON



ACCOUNT NO. : 1200	00000195
REFERENCE : 6434	35 10910A
AUTHORIZATION :	mell de man
COST LIMIT : \$ 25	.00
ORDER DATE : May 9, 2013	
ORDER TIME : 9:58 AM	
ORDER NO. : 643435-005	
CUSTOMER NO: 10910A	
DOMESTIC AMENDMENT	FILING
NAME: SKD INVESTMENT CO. LLC	
EFFECTIVE DATE:	
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION	N
PLEASE RETURN THE FOLLOWING AS PROOF OF	FILING:
CERTIFIED COPY  XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	
CONTACT PERSON: Susie Knight EXT# 52	2956
EXAMINER '	'S INITIALS:

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	SKD //	WESTMENT ().	LLC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Frec	1 Tralec	
		Name of Person	
		Firm/Company	
	4444 J	te Cotherine St.	West
	Sur	te 100 Address	
	Westmour	nt, QC /43Z/	RZ CA
	fito	City/State and Zip Code	<i>-</i>
	E-mail address: (to	, .	on)
For further information of	oncerning this matter, please ca	dl:	
Mame o	S. Margoliks Person	at ( SU ) DH - () Area Code & Daytime Tel	BB6 X 2 3 1 ephone Number
Coologad in a shart for 4	o following amount		
Enclosed is a check for the	·		
□ \$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

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

The Articles of Organization for this Limited Liability Company were filed on Florida document number \_ [ 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 end with 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

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 608, 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGR	Sean Dalfen	4444 Ste= Cathorine St. West Sunt 100 Westmount, QC +13Z1-RZG	Add
		Westmount, (2C +13Z1-RZ6	Remove
MGR_	Murray Dalfer	4444 Ste-Catherine St. Mart Sure 100 Westmarn, QC H3Z 1-R2. CA	_
		Westmonent, QC H3Z1-R2 CA	Remove
			Add
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		Same at the second seco	Add Remove
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			Remove

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ture of a member or authorized representative of a member
PRAY DALFEW Typed or printed name of signce

Filing Fee: \$25.00

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