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2016 JUL 18 MM 9: 22

K. SALY EXAMINER

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COVER LETTER

TO: Registration So Division of Cor			
SUBJECT: SK&	S Services LLC		
Scholer.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling.	
Please return all correspo	ondence concerning this matter	to the following:	
	Karel Rosa		
		Name of Person	
		Firm/Company	
	4529 SW 11th	n Ave	
		Address	
	Cape Coral, F	L 33914	
		City/State and Zip Code	
	k.rosa@sks-s	ervices.com to be used for future annual report notifi	
For further information of	encerning this matter, please e	·	cation)
	one of the state of		
Karel Rosa		at (_239)738 006	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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

2016 JUL 18 AM 9:22

MALLAHARSEE, FLORIDA

SK&SSERVICES, LLC

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

The Articles of Organization for this Limited Liability Company wer Florida document number	e filed on	11/02/2005	and assigned		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability	company h	iere:			
The new name must be distinguishable and contain the words "Limited Liability C	ompany," the	designation "LLC" or the ab	breviation "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		n our records, <u>enter</u>			
registered agent and/or the new registered office address here:					
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
		, Florida			
	Cuy		Zıp Code		
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per, accept the obligations of my position as registered agent as prov	formance o	f my duties, and I am f	amiliar with and		

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

MGR = Manager

AMBR = A	uthorized Member		•
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR_	Nicolas van Loon	942 FOUNTAIN ST NE # 1	⊠ Add
		GRAND RAPIDS, MI 49503-3558	☐ Remove
			☐ Change
			□ Add
			Remove
			2 ange T L AHASS
			HASSEE, FLORID
	· · · · · · · · · · · · · · · · · · ·		Add
			☐ Remove
			☐ Change
			Add
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		· · · · · · · · · · · · · · · · · · ·	Change
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		<u>.</u>							
ote: Hi	date, if other the live date is listed, the listed inserted in the date inserted in the effective date of the listed in the list	i this block do	es not meet (he applicat	date of filing ole statutory f	or more than 90 diling requirem	(optiona days after filir ents, this da	l) ng.) Pursuant to te will not be	605.0207 listed as
	rd specifies a d Oth day after th			, but not	an effectiv	e time, at 1	.2:01 a.m	. on the ea	rlier of
ited C	7/12/2016		11		$\overline{}$				
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Typed or printed name of signee

Filing Fee: \$25.00