

L56000072297

Florida Department of State
Division of Corporations
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Division of Corporations
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SKYSHARE IV, LLC**

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TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

((H14000051464 3)))

SUBJECT: Skyshare IV, 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:

Kevin M. Barry, Esq.

Name of Person

Rossway Moore Swan, P.L.

Firm/Company

2101 Indian River Blvd., Suite 200

Address

Vero Beach, FL 32960

City/State and Zip Code

kbarry@verobeachlawyers.com

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

For further information concerning this matter, please call:

Kevin M. Barry

Name of Person

at **772 231-4440**

Area Code

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

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2014 FEB -3 AM 8:26
SECRETARY OF STATE
CLERK OF COURT

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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Skyshare IV, 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 were filed on July 20, 2006 and assigned
Florida document number L06000072297.

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:

3150 Cardinal Drive

(Principal office address MUST BE A STREET ADDRESS)

Suite 200

Vero Beach, FL 32963

Enter new mailing address, if applicable:

3150 Cardinal Drive

(Mailing address MAY BE A POST OFFICE BOX)

Suite 200

Vero Beach, FL 32963

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:

Becker Air, LLC, a Florida limited liability company

New Registered Office Address:

3150 Cardinal Drive, Suite 200

Enter Florida street address

Vero Beach

City

Florida 32963

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.

Thomas L. Moore
If Changing Registered Agent, Signature of New Registered Agent

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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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Sky Limo Corp.	5302 NW 21st Terrace	<input type="checkbox"/> Add
		Ft. Lauderdale, FL 33309	<input checked="" type="checkbox"/> Remove
MGR	Becker Air, LLC	3150 Cardinal Drive	<input type="checkbox"/> Add
		Suite 200	<input type="checkbox"/> Remove
		Vero Beach, FL 32963	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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FLORIDA

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

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E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated February 28, 2014



Signature of a member or authorized representative of a member

Thomas W. Hurley

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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