L06000121757

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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Access by	Skip Ilc		
SUBJECT:	Name of Lim	iited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	David R Heil		
		Name of Person	· · · · · ·
	Access by Skip LLC		
		Firm/Company	
•	1731 Fern pAlm Dr		
		Address	· · · · · · · · · · · · · · · · · · ·
	Edgewater, Fl 3212		
		City/State and Zip Code	
	absmobility1@gmail.com E-mail address: (to be used for future annual report notifi	ication)
For further information c	oncerning this matter, please c	all:	
David R Heil		386 428-6677	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration 9		Street Address: Registration Sec	tion

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Access by Skip LLC			
(Name of the Lim	ted Liability Company as it n (A Florida Limited Liability C	ow appears on our records.) Company)	
The Articles of Organization for this Limited I Florida document number L06000121757		led on December 22,2006	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability cor	npany here:	
The new name must be distinguishable and contain the	words "Limited Liability Comp	pany," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		025
			— Puro
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	ROV)		
(Majung aquress MAT BE A FOST OF FICE	<u> </u>		
			
B. If amending the registered agent and/or agent and/or the new registered office addre	<u></u>	on our records, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:	David K rieli	····	
New Registered Office Address:	1731 Fern Palm Dr unit	1	
		Enter Florida street address	-
	Edgewater	, Florida ²	32132
	City	<u> </u>	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.

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	David R Heil	1731 Fern palm dr Unit 1, Edgewater, Fl 32132	■Add
			□Remove
			□Change
AMBR	Everett A Lister III	1731 Fern Palm Dr Unit 1, Edgewater Fl 32132	□Add
			□Remove
AMBR	Teresa Lister	1731 Fern Palm Dr Unit1, Edgewater, Fl 32132	□Add
			□Remove
			🗏 Change
			□Add
			□ Remove
			□Change
		<u> </u>	□Add
		**************************************	□Remove
			Change
			🗆 Add
			□Remove
			□Change

Effective date, if other than the date of filing: July 1,2025 Signature of a member or authorized representative of a member Everett A Lister III					
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Filing Fee: \$25.00