107000575/

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
·		
(233		





700279387897

700279387897 12/01/15--01002--005 **30.00

FILED

15 NOV 30 PH 4: 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. YOUNG

DEC 15 2015 S. YOUNG



December 2, 2015

DOROTHY ROGERS 7813 FLEETWOOD DRIVE MILTON, FL 32570

SUBJECT: SKIRPAN PROPERTIES, LLC

Ref. Number: L07000005754

We have received your document for SKIRPAN PROPERTIES, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 815A00025206

Shelia H Young Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO:	Registration Sec Division of Corp				
SUBJE		ROPERTIES, LLC			
SODJE	CI	Name of Lim	ited Liability Company		
The enc	losed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please r	return all correspon	dence concerning this matter	to the following:		
		DOROTHY ROGERS			
			Name of Person		_
;		SKIRPAN PROPERTIES,	LLC		
			Firm/Company		_
,	(1) 4 (1)	7813 FLEETWOOD DR.			TALL SECT
			Address		一直型電力
		MILTON, FL 32570			30 LE
		dorothyrogers7813@gmail.	City/State and Zip Code com		PH ST
		E-mail address: (to be used for future annual report notific	ation)	LORIDA STATE STATE
For furt	her information cor	ncerning this matter, please co	all:		
DORO	THY ROGERS	1) or allow	850 626-8973		
	Name of	Person	Area Code Daytime	Telephone Numb	er
Enclose	d 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)	Certifie	Filing Fee, cate of Status & cd Copy al copy is enclosed)
	MAILI	NG ADDRESS:	X STREET/COURIE	R ADDRESS:	

Registration Section Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Registration Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SKIRPAN PROPERTIES, 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 and assigned Florida document number L07000005754 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 contain the words "Limited Liability Company," the designation "Ll.C" or the abbreviation "Ll.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: DOROTHY ROGERS Name of New Registered Agent: 7813 FLEETWOOD DR New Registered Office Address:

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.

City

MILTON

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Florida

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>	<u>Address</u>	Type of Action
AMBR	MICHAEL V.E. SKIRPAN		
		7813 FLEETWOOD DR	Remove
			Change
MGR	MICHAEL V.E. SKIRPAN		
		7813 FLEETWOOD DR.	≅ Remove
			Change
AMBR	MATTHEW D GROELINGER		TALLAN F
		7813 FLEETWOOD DR.	ALASSI Bermany
			Change
MGR	MATTHEW D GROELINGER		ATE Add
		7813 FLEETWOOD DR.	
			☐ Change
MRG	DOROTHY ROGERS	7813 FLEETWOOD DR.	Add
			☐ Remove
			□ Change
			Add
			□ Remove
			Change

					
بالمراجعية والمراجعية والمستعددة والمراواة والمستعددة والمستعدة والمستعددة والمستعدد والمستعددة والمستعددة والمستعدد والمستعد	-,	_, ~_, ^			
				····	
		والمحاورة			
A STATE OF THE PROPERTY OF THE					
а доступный постору на предоставления учения постору на применения общений постору на предоставления достору н Постору на предоставления на предоставления на предоставления на предоставления достору на предоставления дост					~- ~
والمراجعة والمعاولة والمعاولة والمساورة والمعاونة والمعا				,	
				1288 5)
				12.6	
	·			[7]3	3 [7]
				THE	(25
					<u>&</u>
				- Sin	<u>8</u>
ective dute, if other than the date of filing: effective dute is listed, the date must be specific and c	unnal ha prim to	day of filing or m	(op	tional) la filme i Parsu	m) 16 605 01
e: If the date inserted in this block does not me	ct the applicabl	e statutory filing	requirements, t	his date will no	n he listed
umont's effective date on the Department of Sta	ne s recorus.				
record specifies a delayed effective dance 90th day after the record is filed.	te, but not a	in effective t	ime, at 12:01	a.m. on the	e earlier
1-15 421					
19-18-4B1	<u> </u>	a-			
	11	Ring			

Page 3 of 3

Typed or printed name of signee

Filing Fec: \$25.00