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TALLAHASSEE FI COMP.

D. BRUCE

**EXAMINER** 

## **COVER LETTER**

Division of Corporations		
SUBJECT: Sky Realty by MiRAX LLC (Name of Lighted Liability Company)		
The enclosed Articles of Amendment and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
ALLA Nikulaicheva		
(Name of Person)		
ALLA Nikulaicheva  (Name of Person)  Sky Realty by Mirax LLC  (Firm/Company)  1441 Brickell Ave Ste 1440  (Address)	<b>98</b>	
1441 Brickell Ave Ste 1440	0EC -	FIL
Miami, FL 33 13 ]  (City/State and zip code)		
For further information concerning this matter, please call:	•	
ALLA Nikulaicheva at (305) 608-6203 (Area Code & Daytime Telephone Number)	<del></del> .	
Enclosed is a check for the following amount:		
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	f Status &	ed)

TO:

**Registration Section** 

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

Sky healty by n	NIRAX LLC	
(Name of the Limited Linbility (A Florida)	Company as it now appears of Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liability C	Company were filed on 10.	6. 2008 and assigned
Florida document number <u>L 08 0000 97760</u>	<u>)</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Company,"	' the designation "LLC" or the abbreviatio
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
		<b>08</b>
		AFET.
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		, n
		LS. LS.
B. If amending the registered agent and/or regist		records, enter the name of the nev
registered agent and/or the new registered office addi	ress here:	
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:		
	(Enter Florida street address)	
		, Florida
	(City)	(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 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.

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 1 **Address** Type of Action ALLA Nikulaicheva MGR 3600 Mystie Pointe DR 🗖 Add Remove \_ Add ☐ Remove ☐ Add Remove Add ☐ Remove Add 🗖 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) Dated Necember Signature of a member or authorized representative of a member 1. Kulareheva

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee