

# L08000098769

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**To:**

Division of Corporations  
Fax Number : (850) 617-6383

**From:**

Account Name : FRANK, WEINBERG, BLACK, P.L.  
Account Number : I20040000083  
Phone : (954) 474-8000  
Fax Number : (954) 474-9850

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: kmoro@fwblaw.net

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
GJE ENTERPRISES, LLC**

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

RECEIVED  
10 APR -9 PM 12:06  
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Electronic Filing Menu

Corporate Filing Menu

Help

APR 12 2010

**T. HAMPTON**  
**EXAMINER**

APR. 9.2010 11:27AM

NO. 652

P. 2

H10000080845 3

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**GJE ENTERPRISES, LLC**

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

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The Articles of Organization for this Limited Liability Company were filed on 10/21/2008 and assigned  
Florida document number L08000098769.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

**SKYROB LLC**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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:

Name of New Registered Agent:

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 Changing Registered Agent, Signature of New Registered Agent

H10000080845 3

H10000080845 3

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

Title	Name	Address	Type of Action
			<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated April 9, 2010

*Kimberly A. Juda*

Signature of a member or authorized representative of a member

KIMBERLY A JUDA

Typed or printed name of signer

Page 2 of 2

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H10000080845 3

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