# 108000/13888

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
A. LUNT				
JUL 17 2009				
EXAMINER				

Office Use Only



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## **COVER LETTER**

TO: Registration S Division of Co					
SUBJECT:	SKYPRom? Name of Limi	ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.			ه عبد د
Please return all corresp	condence concerning this matter	r to the following:		2009 SE TAL	
	C. To	Name of Person		JUL 16 CRETARY LAHASSE	FILE
	Sk	Promise LL	2	MII: 36	O
	5459	5 S. Suncoas	of Block	, 442	
		Address  OSUSSU FL 3  City/State and Zip Code  OSKUPF om is to be used for future additial report notifica	4446 e.com		
		•	tion)		
For further information	concerning this matter, please of		_		
Name	Musphy of Person	at (619 417 - 6 Area Code & Daytime T	2399 elephone 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)	Certified C	of Status &	

### 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

Skyerom	ise LL	C		
(Name of the Limited Hability Com (A Florida Limite	pany as it now ap d Liability Compa	pears on our records.) ny)		
The Articles of Organization for this Limited Liability Comparing Logocol 3888	any were filed on	Dec 15, 2008 and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited l	iability company	<u>here</u> :		
The new name must be distinguishable and end with the words "L" "L.L.C."	imited Liability Co	ompany," the designation "LLC" the abbreviation		
Enter new principal offices address, if applicable:		HAT JUL		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	<u> </u>		
		E Q ≥		
Enter new mailing address, if applicable:		ATE SO		
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered registered agent and/or the new registered office address I  Name of New Registered Agent:		on our records, enter the name of the new		
New Registered Office Address:				
New Registered Office Address.		Enter Florida street address		
		, Florida		
	City	, FloridaZip Code		
New Registered Agent's Signature, if changing Registered Age	nt:			
I handly accept the appointment as resistant ast I	ranga to ant in the	is canacity. I further games to commby with		
I hereby accept the appointment as registered agent and a the provisions of all statutes relative to the proper and co				

If Changing Registered Agent, Signature of New Registered Agent

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:

	Managing Member	<u>Address</u>	Type of Action
<u>Title</u>	<u>Name</u>	Audress	Type of Action
			Add Remove
			Kelilove
			☐ Add
<del></del>			Remove
			Add Remove
			Add Remove
			2009 JA
			Remove
			100 May 100 Ma
			SE Memove
D Ifamen	ding any other information, enter change	e(s) here: (Attach additional sheets, if neces	Sary)
<i>-</i>	and my once mornancy enver change	o(c) and of (1 moor) and moore broken broken y moore	<i>3501 3</i> 1,7
-	Fictitions NAME	registered April	28.2009
	609000101393	. Add as slubsic	28,2009 lians
<del></del>	d. Skyprom	- 110	1
	Somers	et Design	<del></del>
Dated	July 13 20	<i>59</i>	
		The ley	
	/	or authorized representative of a member	
	C SOM YY LUTG Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00