· (Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
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EXAMINE

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COVER LETTER

TO: Registration Division of	a Section Corporations	•	
SUBJECT:	SKYI	LARK II, LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing	
	spondence concerning this matte	_	
		D. 5 D.	200 S. S. S
	**************************************	Roy E. Dean Name of Person	2009 AUG 24 SECRETAR TALLAHASS
Judd, Ulrich		, Scarlett, Wickman & Dean, F	AUG 24 AN ARETARY OF AHASSEE.
ı		Firm/Company	e.FL
2		2940 S. Tamiami Trail	AH IO: 00 OF STATE E.FLORID.
		Sarasota, FL 34239	35.
		City/State and Zip Code	,
	roy	v.dean@juddulrich.com to be used for future annual report notificat	
For further informatio	n concerning this matter, please	·	ony
	Roy E. Dean	044 05	5-5100
Name of Person		at (941) 93 Area Code & Daytime Te	
Enclosed is a check fo	r the 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 ADDRESS: Registration Section		STREET/COURIER Registration Section	
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Division of Corporation Clifton Building 2661 Executive Center	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u></u>	Skylari	k II, LLC					
(Name of the Limited (A	Liability Comr Florida Limited	any as it now app Liability Company	ears on our records.		•		
The Articles of Organization for this Limited Liability Company were filed on							
This amendment is submitted to amend the following	owing:						
A. If amending name, enter the new name of	the limited lia	bility company h	ere:				
	N/			TAT ASE	200		
The new name must be distinguishable and end wit "L.L.C."	h the words "Lir	nited Liability Con	pany," the designation "L	LCT SE	ie zbbrevi	ation	
Enter new principal offices address, if applica	able:	N/A		SSE	42		
(Principal office address MUST BE A STREE	TADDRESS)			r o	2	П	
				-LORID -TORID	5		
				RIC	00		
Enter new mailing address, if applicable:				41	_		
(Mailing address MAY BE A POST OFFICE)	N/A						
							
B. If amending the registered agent and/or registered agent and/or the new registered off	r registered o ice address he	office address on re:	our records, <u>enter t</u>	e name	of the	<u>new</u>	
Name of New Registered Agent:	N/A						
New Registered Office Address:						_	
			Enter Florida street addr	ess			
		, Florida					
		City		Zip Co	rde		

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

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 **Type of Action** <u>Title</u> <u>Name</u> Address Stanley Dean MGR 1655 US Hwy 41, By-Pass S □Add Venice FL 34293 US 7 Remove Tracey K. Ganner MGRM 1655 US Hwy 41, By-Pass S ☐ Add ✓ Remove Venice FL 34293 US MGRM Tracy D. Kelley 1655 US Hwy 41, By-Pass S Add Venice, FL 34293 US | Remove Stanley Dean MGRM **√** Add 1655 US Hwy 41, By-Pass S Remove Venice, FL 34293 US ∏Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated August 19, 2009 Signature of a member or authorized pepresentative of a member Stanley Dean Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00