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EXAMINER

COVER LETTER

TO:	Registration S Division of Co			
SUBJI	ECT:	Skye Re	enovations LLC	
50201		· · · · · · · · · · · · · · · · · · ·	ited Liability Company	_
The en	closed Articles o	f Amendment and fee(s) are sul	bmitted for filing.	BOOT IN AM 9: 08
Please	return all corresp	ondence concerning this matter	r to the following:	
			Brad Tully Name of Person	TEE. FLA
		S	kye Renovations LLC Firm/Company	ORIO
			Beechwood Circle South Address	<u> </u>
			Fallahassee,FI 32301 City/State and Zip Code	
		brac E-mail address: (dtully@embarqmail.com to be used for future annual report notification)	_
For fur	ther information	concerning this matter, please of	call:	
	Name	Brad Tully of Person	at (850) 766-0213 Area Code & Daytime Telephone No.	ımber
		the following amount:		
₹ 25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy Cer (additional copy is enclosed) Cer	0 Filing Fee, tificate of Status & tified Copy ditional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		tration Section ion of Corporations 30x 6327	STREET/COURIER ADDREST Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	SS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sky	e Renovations LLC		四 9 四
(Name of the Limited Liab (A Flori	ility Company as it now appears da Limited Liability Company)	on our records.	- C - C
			ZA E
The Articles of Organization for this Limited Liabilit	ty Company were filed on		@od assigned
Florida document number	·		9
			6
This amendment is submitted to amend the following	g;		- Err
A. If amending name, enter the new name of the	limited liability company here	:	,
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compar	y," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DDRESS)		
		· ·	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX			
B. If amending the registered agent and/or re		ur records, <u>ente</u>	the name of the nev
registered agent and/or the new registered office a	idaress nere:		
27 (21 22 14 14			
Name of New Registered Agent:			<u>,,</u>
New Registered Office Address:			
	Ente	er Florida street a	ddress
<u></u>		, 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

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 MGRM **Chad Boss** 1472 Bent Willow Dr. Tallahassee Fl 32311 ✓ Add Remove ☐ 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.) October 14 2009 Dated_ Signature of a member or authorized representative of a member **Brad Tully** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00