Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H100001134173)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

ر المرابع المرابع

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FILINGS, INC. Account Number: 072720000101 Phone : (850)385-6735 Fax Number : (954)641-4192

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SKYCRACKER, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu MAY 11 2010

H10000113417

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sky	rcracker, LLC		
(Name of the Limited Liability (A Florida L	Company as it now appea	rs on our records.)	
for a souther	annia diadining deinpungy		
The Articles of Organization for this Limited Liability Co	ompany were filed on	April 14, 2010	and assigned
Florida document number L10000040158			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted Hability company her	e:	
The new name must be distinguishable and end with the work	ds "Limited Liability Compa	any," the designation "LL	C" or the abbreviation
"LL.C."			,
Enter new principal offices address, if applicable:			<u> </u>
(Principal office address MUST BE A STREET ADDR	ESS)		SES.
			A 92 €
Enter new mailing address, if applicable:			_ SX
(Mailing address MAY BE A POST OFFICE BOX)			
Manual Burn ON TOO DON'T			
B. If amending the registered agent and/or registe	ered office address on o	our records, enter the	e name of the new
registered agent and/or the new registered office addr			
Name of New Registered Agent:	·		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:			
New Registered Office Addicss.	En	ter Florida street addre	·ss
· ·	City	, Florida	Zip Code
	Only.		wip struc

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

Page 1 of 2

410000113417

. H10000113417

MGRM - Managing Member

MGR = Manager

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:

Title Address Type of Action <u>Name</u> 21845 Powerline Road Suite 205 Boca Raton, Florida 33433 **MGRM** Kevin J. Rader ✓ 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.) May 10 2010 Dated_ Signature of a member or authorized representative of a member une, Typed or printed name of signec

Page 2 of 2

Filing Fee: \$25.00

H10000113417