

L10000074616

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D SCOTT  
JUL 19 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Sky View Property Services, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael David Muirhead  
Name of Person

Sky View Property Services, LLC  
Firm/Company

4714 Swordfish St.  
Address

Bonita Springs, FL 34134  
City/State and Zip Code

Sky View Property Services@gmail.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Jessica Muirhead at ( 518 ) 207-7581  
Name of Person Area Code Daytime Telephone 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)      ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**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

FILED  
17 JUL 17 PM 1:50  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

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

Sky View Property Services, LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 7/15/2010 and assigned Florida document number L20000074616.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4714 Swordfish St.  
Bonita Springs FL 34134

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4714 Swordfish St.  
Bonita Springs FL 34134

**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:

4714 Swordfish St.  
Enter Florida street address  
Bonita Springs Florida 34134  
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 605, 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

FILED  
JUL 17 2010  
CLERK OF CIRCUIT COURT  
FLORIDA  
DADE COUNTY



This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

(b) The 90th day after the record is filed.

July 6, 2017

July 6  
 M. D. M.

Signature of a member or authorized representative of a member

Michael David Muirhead, Jr.

Typed or printed name of signee

FILED  
JUL 17 PM 1:51  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE