L11000055093

(Requestor's Name)	
(Address)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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SECRETARY OF STATE

AND ASSEE, FLORID.

J. BRYAN
JUL 25 2011
EXAMINER

COVER LETTER

P.O. Box 6327 Tallahassee, FL 32314

TO: Registration Division of C	Section Corporations			
SUBJECT:	SKYY EN	TERPRISES LLC		
	Name of Lim	ited Liability Company		
	of Amendment and fee(s) are su	-		
		LUIS R. SMITH		
		Name of Person		
	JES:	SEL INVESTMENTS LLC		
Firm/Company				**
11402 NW 41ST STREET SUITE 211				₽ e ≤
Address				58 E 1
		DODAL EL 22470		23 F
	- · · · · · · · · · · · · · · · · · · ·	DORAL, FL. 33178 City/State and Zip Code		SEC 3 M
LM.		JESSEL@GMAIL.COM		F 8 73
For 6.44 i-6		to be used for future annual report notific	cation)	98 73 13
ror turner informatio	n concerning this matter, please of	zan:		***
L	UIS R. SMITH	at (170-2429	
Nam	e of Person	Area Code & Daytime	Telephone Number	
Enclosed is a check fo	r 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	e of Status &
Regi	ILING ADDRESS: stration Section sion of Corporations	STREET/COURIE Registration Section Division of Corners		

Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ability Company as it now appear orida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liabs Florida document numberL1100005508	• • • • • • • • • • • • • • • • • • • •	05/10/2011 and assigned	
This amendment is submitted to amend the following. A. If amending name, enter the new name of the		2:	
The new name must be distinguishable and end with the "L.L.C."		ny," the designation "LLC" or the abbreviat	_ ior
Enter new principal offices address, if applicable	•		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on o	ur records, enter the fiame of the ne	- - - ew
Togastored agent and or the new registered office	addits nort.		
Name of New Registered Agent:			-
New Registered Office Address:	Ente	er Florida street address	-
		771 . 1	
-	City	, Florida 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action	1
MGR	SHAHARDONA BR	OWN 1833 NW 5TH P MIAMI, FL. 3313	PLACE Add 36 Remove	
		<u></u>	Add Remove	
			Add Remove	
	 		Add Remove	
			Tandd Hemon)
			AddRemove	
D. If amen	ding any other information,	enter change(s) here: (Attach addit	tional sheets, if necessary.)	
<u> </u>				
	WWW OFTI			
Dated	JULY 25TH			
	Signature	Mu fut of a member or authorized representati	ve of a member	
	Signature	NOVA LEE	vo or a momoci	
		Typed or printed name of signee		

Page 2 of 2

Filing Fee: \$25.00