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COVER LETTER

Division of Cor			
	ETWORKS, LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MATTHEW GABLE, ESQ		
	THE GABLE LAW FIRM	Name of Person , P.A.	
THE GABLE LAW FIRM, P.A. Firm/Company 140 S. BEACH STREET, SUITE 310 Address DAYTONA BEACH, FL 32114 City/State and Zip Code LEGAL@MYSKYFY.COM, MATT@GABLELAWFIRM.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MATTHEW GABLE, ESQ 386 299-9778 at ()			
	DAYTONA BEACH, FL	Address	
	**	City/State and Zip Code 4, MATT@GABLELAWFIRM.CO	M
For further information c		•	
MATTHEW GABLE, E	SQ		
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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)
	ANG ADDRESS:	STREET/COURIE Registration Section	

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SKYFY NETWORKS, LLC

FILED

2018 DEC -3 PM 1:53

SECRETARY OF STATE TALLAHASSEE, FL

Name of the Limit	rd Habitus Connante as It now apneat (A Dorala Limited Labetus Company)	is off out, tecords.)		
The Articles of Organization for this Limited Li Florida document number L11000064959	ability Company were filed on 06	#03/2011 and assign	neð	
This amendment is submitted to arrend the foll	owing;			
A. If amending name, enter the new name of	f the limited liability company h	<u>ere</u> :		
The new name must be distinguishable and contain the v	words "Limited Liability Company," the	designation "LLC" of the abbreviation "L.L.		
Enter new principal offices address, if applic	able:			
(Principal affice address MUST BE A STREE	T ADDRESSI			
		<u>-</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	/or registered office address o		of the new	
New Registered Office Address:	140 S. BEACH ST, SUITE 310			
<u> </u>	Enter Fluida street addices			
	DAYTONA BEACH	. Florida 32114 Zip Code		
New Registered Agent's Signature, if changing		Zip Cinte		
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	ed agent and agree to act in this per and complete performance o intered agent as provided for in registered office address, I here	of my duties, and Fam jaminar with Chapter 605, F.S. Or, if this docum	rana a ent is	

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	DION NATANILOV	1575 AVIATION CENTER PKWY, SUITE 415	 Add
		DAYTONA BEACH, FL 32114	
			Remove
			Change
MBR	DOUGLAS J. DAUBNER	1575 AVIATION CENTER PKWY, SUITE 415	Add
		DAYTONA BEACH, FL 32114	
			☐ Remove
			Change
MBR	OMNIFIELD CORPORATION	1575 AVIATION CENTER PKWY, SUITE 415	
		DAYTONA BEACH, FL 32114	
			□ Remove
			Remove
			Change
			Remove
			Change
			Remove
			□ Change

			<u>,</u>	
				
				 -
			,	
fective date, if other than the d n effective date is listed, the date must l	ate of filing:	or to date of filing or more:	(optional)	aumt to 605 020
ite: If the date inserted in this bloc	k does not meet the appl	icable statutory filing re	quirements, this date will:	not be listed a
cument's effective date on the Dep	artment of State's record	ls.		
		er alt alter		
record specifies a delayed The 90th day after the recor	enective date, but r d is filed.	iot an errective tim	e, at 12:01 a.m. on t	ne earner (
november 26	2018			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00