## #1/1000/36662

(Req	juestor's Name)	<del> </del>
(Add	lress)	
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PICK-UP	☐ WAIT	MAIL
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K.SALY EXAMINER SEP 24 2013

## **COVER LETTER**

TO: . Registration Section
Division of Corporations

SKNS Advertising 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:

Larry Kennis

Name of Person

SKNS Ads LLC

Firm/Company

498 SW 6th St. Apt. 203

Address

Miami, FL 33130

City/State and Zip Code

usagcp@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Larry Kennis

786<sub>5</sub>587-5139

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)

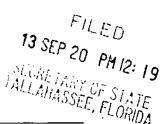
□\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



SKNS Advertising 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 L Florida document number <u>L11000136662</u>	iability Company w	ere filed on Decemb	er 05, 2011	_ and assigned
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name of	f the limited liabili	ty company here:		
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited	d Liability Company," th	e designation "LLC	or the abbreviation
Enter new principal offices address, if applic	cable:			
(Principal office address MUST BE A STREE	ET ADDRESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)	BOX)			
B. If amending the registered agent and/ registered agent and/or the new registered of	ffice address here:		cords, enter the	name of the new
Name of New Registered Agent:	Larry Kennis			
New Registered Office Address:				
			orida street addres	
			, Florida	
		City		Zip Code ·
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as registere		-		

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 3

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Sean Kennis	498 SW 6th St.	Add
		Apt. 203	Remove
		Miami, FL 33130	
MGRM	Larry Kennis	498 SW 6th St.	Add
		Apt. 203	Remove
		Miami, FL 33130	
MGR	Marian Calcano	498 SW 6th St.	Add
		Apt. 203	Remove
		Miami, FL 33130	
			Add
			Remove
			Add
			Remove
			Add
			Remove

	n, enter change(s) here: (Attach additional sheets, if necessary.)
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September 17	2013
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	ure of a member or authorized representative of a member
Larry J. Kennis	
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00