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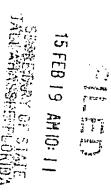
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## **COVER LETTER**

TO:	Registration Secti Division of Corpo	
CIID III	SKY EQUI	ITIES, LLC
SUBJE	CI:	Name of Limited Liability Company
The end	closed Articles of Ar	mendment and fee(s) are submitted for filing.
Please 1	eturn all correspond	ence concerning this matter to the following:
		ANTHONY KUSKY
		Name of Person
		SKY EQUITIES, LLC
		Firm/Company
		1600 E. ROBINSON STREET SUITE 150
		Address
		ORLANDO, FL. 32803
		City/State and Zip Code
		NBHOMEDEALS@ME.COM
		E-mail address: (to be used for future annual report notification)
For furt	her information con-	cerning this matter, please call:
ANTH	IONY KUSKY	407 678-0062
_	Name of Po	erson Area Code Daytime Telephone Number
Enclose	d is a check for the	following amount:
□ \$25	.00 Filing Fee	■\$30.00 Filing Fee & □\$55.00 Filing Fee & □\$60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  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

SKY EQUITIES, LLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L12000044001</u> .	y were filed on 03/30/2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and end with the words "Limited Lia	bility Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o		r the cname of the no
registered agent and/or the new registered office address her	<u>re</u> :	5 FEB
Name of New Registered Agent:		
New Registered Office Address:		HO P
	Enter Florida street address	S 0 1

#### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	ANTHONY KUSKY	3530 BRUNOT CIR	Add
		MELBOURNE FL, 32940	□ Remove
			□ Remove
			Add
			Remove
			Addr 2000 Addr 2000 A
			FEB Remove
			□ Remove
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			Remove

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e effective date must be specific, cannot	ate of filing:  be prior to date of receipt or filed date and car da Department of State)	(optional) mot be more than 90 days after
e effective date must be specific, cannot e date this document is filed by the Florid Feb 19	be prior to date of receipt or filed date and car	(optional) mot be more than 90 days after
the effective date must be specific, cannot the date this document is filed by the Floridated  Feb 19	be prior to date of receipt or filed date and car da Department of State)	not be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

