## L13000042934

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JAN 2 9 2014

T. BROWN

TO: Registration Section Division of Corporations
SUBJECT: SKY COSS & SEXULCES UC.  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:
Amy Vimene? Name of Person
Any Smany Firm/Company
6914 Hanging Moss Rd. suite A
Oxlando, Florida 32807 City/State and Zip Code
SKYCOXONA Services 9 9 moil - com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (407) 492-1119  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ Certificate of Status \$\ \text{Certified Copy} \ (additional copy is enclosed)\$\$ Certified Copy

MAILING ADDRESS:

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

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



January 24, 2014

ANNY JIMENEZ 6914 HANGING MOSS RD STE A ORLANDO, FL 32807

SUBJECT: SKY CARS & SERVICES LLC

Ref. Number: L13000042934

We have received your document for SKY CARS & SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 014A00001645

Teresa Brown Regulatory Specialist II

www.sunbiz.org

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

THE WOLLS The Articles of Organization for this Limited Liability Company were filed on HEP5H0000EL Florida document number

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 end with the words "Limit	ted Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6914 Hanging moss Rd
(Principal office address MUST BE A STREET ADDRE	
	-08/ando, Fl 32807
Enter new mailing address, if applicable:	6914 Hanging moss Rd
(Mailing address MAY BE A POST OFFICE BOX)	Suite A
	F085E J7, obnol80
B. If amending the registered agent and/or registered agent and/or the new registered office addre	red office address on our records, enter the name of the new ss here:
Name of New Registered Agent:	my Timenes
New Registered Office Address:	914 Hanging moss Rd Suite A Enter Florida street address
_0	rlando, Florida 32807 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

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Jan.	/ D.	711   4	17:	3 0 F IVI

AMBR = Authorized Member

MGR = Manager

Crespo Professional Services, LL

No. 0184 P. 4/5

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:

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	Lis B. Reyes		
		Orlando, Fl	N Remove
		32825	
		·	D Add
			Remove
			_
<b>~</b>			D Add
			□ Remove
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n. 28. 2014 12:38PM Crespo Professional Services, LL  If amending any other information, enter change(s) here: (Attach additional sheets, i)	f necessary.)	
· · · · · · · · · · · · · · · · · · ·		
Effective date, if other than the date of filing:	(optional)	
The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 the date this document is filed by the Florida Department of State)	days after	
Dated Samoary 28, 2014.		
Anny Simens-		_
Signature of a member or authorized representative of a member		

Page 3 of 3

Filing Fee: \$25.00