

Jul. 18. 2 3:10:54 hrs

L13000047405

No. 085 1/4 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : FRANK GUTTA CPA PA
Account Number : I19990000055
Phone : (954) 452-8813
Fax Number : (954) 452-8359

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: fgutta@guttasharfi.com

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SK OPERATORS LLC

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Jul 18, 2013 10:51AM

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NO. 3065

2013 JUL 18 AM 7:54

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SK Operators, 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 Liability Company were filed on April 1, 2013 and assigned
Florida document number L13000047405.

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 "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

490 Sawgrass Corp Pkwy

(Principal office address MUST BE A STREET ADDRESS)

Suite 310

Sunrise, FL 33325

Enter new mailing address, if applicable:

490 Sawgrass Corp

(Mailing address MAY BE A POST OFFICE BOX)

Suite 310

Sunrise, FL 33325

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Frank Gutta

New Registered Office Address:

490 Sawgrass Corp Pkwy Suite 310

Enter Florida street address

Sunrise

Florida 33325

City

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

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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>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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		_____	<input type="checkbox"/> Remove

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		_____	<input type="checkbox"/> Remove

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		_____	<input type="checkbox"/> Remove

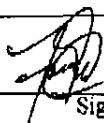
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated July, 17th, 2013



Signature of a member or authorized representative of a member

Frank Gutta

Typed or printed name of signee

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