

L13000065073

ADVOCATE CONSULTING FAX: 239-213-0698 May 7 2013 05:39 PM P001/005

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : ADVOCATE CONSULTING LEGAL GROUP, PLLC
Account Number : I20090000001
Phone : (239) 213-0066
Fax Number : (239) 213-0698

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

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13 MAY -8 AM 6:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SKYMASTER PUSHING AND PULLING, LLC

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SKYMASTER PUSHING AND PULLING, 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:

RACHEL HALL

Name of Person

ADVOCATE CONSULTING LEGAL GROUP, PLLC

Firm/Company

3073 HORSESHOE DR S STE 210

Address

NAPLES, FL 34104

City/State and Zip Code

RACHELH@ADVOCATETAX.COM

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

For further information concerning this matter, please call:

RACHEL HALL

Name of Person

239 213-0066

at

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**

SKYMASTER PUSHING AND PULLING, 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 5/3/2013

Florida document number L13000065073

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

Florida

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>
MGRM	FOOT FIRST PODIATRY, INC.	PO BOX 1199	<input type="checkbox"/> Add
		DEFUNIAK SPRINGS, FL 32422	<input checked="" type="checkbox"/> Remove
MGRM	FOOT FIRST PODIATRY, LLC	PO BOX 1199	<input checked="" type="checkbox"/> Add
		DEFUNIAK SPRINGS, FL 32422	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" 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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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated MAY 7, 2013



Signature of a member or authorized representative of a member

KELVIN GIPSON

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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13 MAY -8 AM 3:36

FILED