## L1300065699

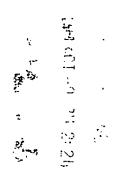
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

SKY TRAVEL SOL	UTIONS LLC	
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art, of Amend, File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
_		Vehicle Search
		Driving Record
Requested by:		UCC 1 or 3 File
N	Data	UCC     Search
Name	Date Time	UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

## COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT: SKU	Travel Solu	Hions LLC	
SUBJECT: Ora	Name of Limit	ed Liability Company	<del></del>
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspond	dence concerning this matter t	o the following:	
	<u></u>	) anathorn Stesze	ruski, Esg.
	Stest	Tewski Medins-, F	PA
	1 C100 A.i. 1		100
	15100 1000	67m Ave STE 8	
	Micimi, Lo	City/State and Zip Code	ч <u> </u>
		City/State and Zip Code	
	Jonat	hown A STESZEWSLING OF BE Used for fluture annual report notif	Mechanic Cons
For further information co	ncerning this matter, please ca		
Drathen	Steszpinski	at ( <u>305</u> ) <u>562 - 8</u> Area Code Daytime	(348
Name of	Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	o following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fcc & 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		Street Address:	w
Registration S Division of Co		Registration Sec Division of Cor	
P.O. Box 632	•	The Centre of T	allahassee
Tallahassee, F	L 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sky Travel Solutions, LLC	·	- Fir 3: 1,9
(Name of the Limited	Liability Company as It now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	bility Company were filed on 05/06/2013	and assigned
Florida document number L13000065699		
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or ti	ne abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u>ox</u> )	
B. If amending the registered agent and/or registered office address		
Name of New Registered Agent:	Jonathan Stessers	Kei Esq.
New Registered Office Address:	15100 NW 67 Avd Enter Florida street address	Ste 200
	Micini, Lalles, Florid	a 3014 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Jonathan Holler	4110 Certedine In	🗆 Add
,		Synton Fr 32773	Remove
			Change
MGR	Carlos Cortes	4110 Centerline Ln	⊠Add
		Sanford, FL 32773	🗆 Remove
			(Change
			□Add
		·	□Remove
			Change
			□Add
			□Remove
			□Change
	****		□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change

i Milicifati	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
Note: If th	late, if other than the date of filing:  e date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 are date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a effective date on the Department of State's records.
e record spe rd is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	
	Signature of a member of authorized representative of a member

Filing Fee: \$25.00