

L13 00 00 97562

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

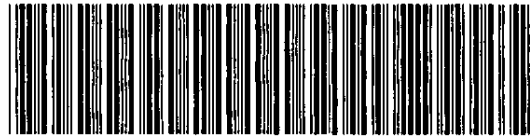
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900250666729

08/22/13--01023--018 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 AUG 22 PM 1:30

AUG 23 2013

T. HAMPTON

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SKNY, 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:

Macheal Gomez  
Name of Person

ROCKET LAWYER  
Firm/Company

5668 E. 61ST STREET  
Address

COMMERCE, CA 90040  
City/State and Zip Code

cgorog@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Macheal Gomez at ( 800 ) 462-5487  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

ATTORNEYS CORPORATION SERVICE, INC.  
5668 EAST 61<sup>ST</sup> STREET  
COMMERCE, CA 90040  
TEL: (800) 462-5487 ext.104 FAX: (800) 388-0330  
EMAIL: mgomez@attorneyscorpsservice.com

DOCUMENT FILING REQUEST LETTER

*Regular* **FILING SERVICE**

DATE: 08/19/2013

FROM: MACHEAL GOMEZ

Client Matter: # 9039624

TO: REGISTRATION SECTION  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ATTN: DOCUMENT FILING DIVISION

RE: **SKNY** LLC

Enclosed is one of the following: **(1) Articles of Amendment**

Return request with filing: **(1) Certified Copy**

Return request via following: **(X) Priority Mail/Email**

Total Page(s) attached including transmittal page: (4)

**\*\*Fax/Email a copy of the filed documents upon acceptance of filing\*\***

**\*\*PLEASE RETURN FILED DOCUMENTS ATTACHED WITH AN INVOICE TO:  
ATTORNEYS CORPORATION SERVICE, INC.\*\*  
5668 E. 61<sup>ST</sup> STREET  
COMMERCE, CA 90040**

**\*\*PLEASE CONFIRM UPON RECEIVED DOCUMENTS\*\***

NOTE(S):

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SKNY, 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 7/10/213 and assigned

Florida document number L13000097562

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 AUG 22 PM 1:30

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: 11850 9TH ST. N. #8309  
(Principal office address **MUST BE A STREET ADDRESS**) ST. PETERSBURG, FL 33716

Enter new mailing address, if applicable: 11850 9TH ST. N. #8309  
(Mailing address **MAY BE A POST OFFICE BOX**) ST. PETERSBURG, FL 33716

**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: 11850 9TH ST. N. #8309  
Enter Florida street address

ST. PETERSBURG, Florida 33716  
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

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	SUSAN AGOSTINO	11850 9TH ST. N. #8309	<input type="checkbox"/> Add
		ST. PETERSBURG, FL 33716	<input checked="" type="checkbox"/> Remove
MGRM	SUSAN AGOSTINO	11850 9TH ST. N. #8309	<input checked="" type="checkbox"/> Add
		ST. PETERSBURG, FL 33716	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated August 12, 2013.

Susan Agostino  
Signature of a member or authorized representative of a member

SUSAN AGOSTINO

Typed or printed name of signee

13 AUG 22 PM 1:30

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS