## 113000150831

(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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## **COVER LETTER**

Divisio	on of Corporations				
SUBJECT:	Sky Limit Advertising LLC				
SUBJECT:	Name of Li	imited Liability Company			
The enclosed Ar	rticles of Amendment and fee(s) are	submitted for filing.			
Please return all	correspondence concerning this mat	tter to the following:			
	Aquelina Silva				
	<del>-</del>	Name of Person			
	Sky Limit Adver	tising LLC			
	****	Firm/Company			
	265 S Federal HWY # 276				
		Address			
	Deerfield Beach,	, FL 33441			
	City/State and Zip Code info@taxprohouse.com				
	. E-mail addres	s: (to be used for future annual report notificat	ion)		
For further infor	mation concerning this matter, pleas	se call:			
Julio Luz		at (617 ) 756 5677			
	Name of Person	Area Code & Daytime To	elephone Number		
Enclosed is a ch	eck for the following amount:				
□ \$25.00 Filin	g Fee \$\infty\$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:

TO:

**Registration Section** 

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

Sky Limit Adverstising LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appea Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	10/25/2013	and assigned
Florida document number <u>L13000150831</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	oility company her	<u>:e</u> :	
Sky Limit Advertising LLC			
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Compa	any," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:			***
(Principal office address MUST BE A STREET ADDRESS)			
		Ę	· 1.
		2 = C2	2 1
Enter new mailing address, if applicable:		in a	2 [
(Mailing address MAY BE A POST OFFICE BOX)			
		<u> </u>	
			9
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, <u>enter</u>	•
Name of New Registered Agent:			······
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·		
	dress		
		, 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

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 Type of Action **Title** Name | <u>Address</u> Remove Add Remove  $\supset$ Remove Remove Remove Remove

D. If an	nending any other information, enter change(s) here: (Attach addition	nal sheets, if necessary.)
	1/07/12	
Dated	Aquelina Silva	
	Signature of a momber or abshorized representative  AOUCCIWA S/  Typed or printed name of signee	UN
	Page 3 of 3	
	Filing Fee: \$25.00	13 W
		FILED  NOV 12 AM IO: OS  STATE  AHASSEE, FLORIDA
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