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Special Instructions to	Filing Officer:	
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S. YOUNG

COVER LETTER

TO: Registration Division of C			•	
SUBJECT:	Okivon 1 A	SSOCIATES, Lited Liability Company	LC	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	Mat	RK BEGLEY		
		Firm/Company		~] (·
	4525	RAYMAR DRIN	IE	5 PHS
	ORLAN	OO FORIDA City/State and Zip Code	32839	16 NUG-1 AND: 13
	markbe E-mail address: (aley @ 9mail. C	fication)	0.13
For further information	n concerning this matter, please co	all:		
JOSHUA	MARZINOV	at(407)_719	0203	
Name	e of Person	Area Code Daytim	e 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:

TO:

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

SKIVON & ASSOCIATES, LLC

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records. iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L13000165623</u>	were filed on $11/25/2013$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liability	ity 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)	SSS W. WINTER PACK ST ORLANDO, PZ 32900/
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	LE TARK OF THE STATE OF THE STA
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, enter the name of the new
New Registered Office Address:	FUA MARINOV W. WINTER PARIC ST. Enter Florida street address ANDO, Florida 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

Page 1 of 3

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 = M $AMBR = A$	Aanager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	MARK BEGLEY		Add
		4525 RAYMAR DR. ORLAWOO	Remove
			Change
MGR	JO LYNNE BEGLEY	4525 RAYMAR DRIVE ORLANDO, FL 32839	
		DRLANDO, FI 32839	Remove -
MGR	Joshua Marinov	555 W. WINTER	Change SA
HOW JOSE	JOSHON I MINION	555 W. WINTER ORlando, PL 3280	Add Remove
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Mark	Bos ley Signature of	a member of author	ized representative	ne De	Xen	

Page 3 of 3

Filing Fee: \$25.00