

L14000007740

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(Address)

(Address)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA  
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7 Burch AUG 5 2014

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SKY FLORIDA SERVICES 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:

**SOL G. VELASQUEZ**

Name of Person

Firm/Company

**10503 SW 134 PLACE**

Address

**MIAMI / FL and 33186**

City/State and Zip Code

**TAYLOR@TLTAYLORFINANCIAL.COM**

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

For further information concerning this matter, please call:

**BARBARA CARINO**

Name of Person

at **(305) 251-6000**

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 16, 2014

SOL G. VELASQUEZ  
10503 SW 134 PLACE  
MIAMI, FL 33186

SUBJECT: SKY FLORIDA SERVICES, LLC  
Ref. Number: L1400007740

We have received your document for SKY FLORIDA SERVICES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch  
Regulatory Specialist II

Letter Number: 714A00015309

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

**SKY FLORIDA SERVICES 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 01/10/2014 and assigned Florida document number L14000007740.

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:**

10503 SW 134 PLACE

**(Principal office address MUST BE A STREET ADDRESS)**

MIAMI FL 33186

**Enter new mailing address, if applicable:**

10503 SW 134 PLACE

**(Mailing address MAY BE A POST OFFICE BOX)**

MIAMI FL 33186

**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:**

BARBARA CARINO

**New Registered Office Address:**

9746 SW 184 STREET

Enter Florida street address

MIAMI

City

Florida 33157

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**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SOL G VELASQUEZ	10503 SW 134 PLACE, MAIMI, FL 33186	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
MGR	CAMILO CAMPUZANO	10503 SW 134 PLACE, MIAMI, FL 33186	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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TALLAHASSEE, FLORIDA

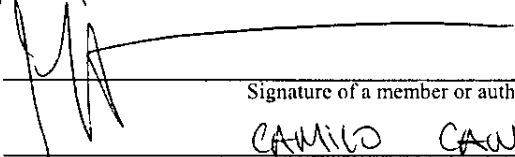
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated July 29-, 2014.



Signature of a member or authorized representative of a member

CAMILLO CAMPUZANO

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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