

L14000C24983

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

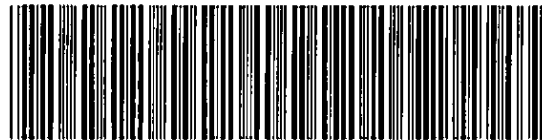
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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300340360433

02/13/20--01026--019 **25.00

FILED
2020 FEB 13 AM 10:32
STATE OF ALABAMA
CLERK OF THE SUPREME COURT

Amend

MAR 09 2020
I ALBRITTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SOARING SKY, 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:

DAWN STECKELBERG

Name of Person

SOARING SKY LLC

Firm/Company

2180 W FIRST ST # 302

Address

FOT MYERS FL 33901

City/State and Zip Code

DAWN@ASSETQUEST.COM

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

For further information concerning this matter, please call:

DAWN STECKELBERG

Name of Person

at (239)

Area Code

541-8448

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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

SOARING SKY, LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2020 FEB 13
10:32
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF
LEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 2/12/2014 and assigned
Florida document number L14000024983

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 contain the words "Limited Liability 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)

18316 ORIOLE RD

FORT MYERS FL 33967

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

18316 ORIOLE RD

FORT MYERS FL 33967

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:

MICHAEL DEN HARTOG

New Registered Office Address:

18316 ORIOLE RD

Enter Florida street address

FORT MYERS

City

, Florida 33967

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.

DocuSigned by:

Michael Den Hartog

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


<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	BARRES, SARAH	2180 W FIRST ST # 302	<input type="checkbox"/> Add
		FORT MYERS FL 33901	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DANIEL BARRES	2180 W FIRST ST # 302	<input type="checkbox"/> Add
		FORT MYERS FL 33901	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
PRESIDENT /MGR	MICHEAL DEN HARTOG	18316 ORIOLE RD	<input checked="" type="checkbox"/> Add
		FORT MYERS FL 33967	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective 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 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

2-12-2020



Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00