L14000035353

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies Certificates of Status		of Status
Special Instructions to	Filing Officer:	





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SEP 19 2000 S. YOUNG TABLES ST

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Sky Trucking 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:
Sheldon Maraj Name of Person
SKM Trucking LLC
3359 Ridgeview Drive
Green Love Springs F2 32043 Skystate and Zip Codes F2 32043
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sheldon Maray at (904) 910-7531 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
Certificate of Status Certificate of Status & Certificate

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

ARTICLES OF O		3 T
Ol	L,	
SKM Trucki		TILTI
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it how appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 3-3-14	and assigned
Florida document number <u>L 14 0 000 353</u> .83		4.* F
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
	JIA	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the r</u>	name of the new registered
agent and/or the new registered office address nere.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, 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 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

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

Title	Name	Address	Type of Action
VP	Katherine Maraj	3359 Ridgeview Dri	V C DADO
		3359 Ridgeview Dri Green Core Springs, E3	37043 □Remove
			□ Change
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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:
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.
Dated July 28 2020
Dated July 28 2000 Shelder D. M. Signature of a member or authorized representative of a member
Sheldon D. Maraj, President

. . . .

Filing Fee: \$25.00