8/27/2014 Division of Corporations

L14000101768

Florida Department of State
Division of Corporations
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SKY LAKE, LLC

Certificate of Status	0
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AUG 29 2014
J. HARRIS

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SKY LAKE 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 06/25/2014 and assigned Florida document number L14000101768

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 office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

16412 Ruby Lake
Weston, FL 33331

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

6010 NW 104 ct
Doral, FL 33178

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: _____

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

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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

Title	Name	Address	Type of Action
AP	DORIA, CECILIA	16412 Ruby LAKE WESTON, FL 33331	☐ Add ☒ Remove
MGR	DORIA, CECILIA	6010 NW 104ct DORAL, FL 33178	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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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: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b)

Dated AGOST 27, 2014

Signature of a member or authorized representative of a member

CECILIA DORIA
Typed or printed name of signee

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