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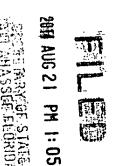
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO:

Registration Section
Division of Corporations

SKY SERVICES GROUP LLC

SUBJECT

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:

RUBEN PACHECO

Name of Person

TAXES & ACCOUNTING SOLUTIONS CORP.

Firm/Company

8249 NW 36TH ST SUITE 120-A

Address

DORAL, FL 33166

City/State and Zip Code

ACCOUNTIG@TASMIAMI.COM

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

For further information concerning this matter, please call:

RUBEN PACHECO

*"3*05、418 1

Name of Person

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our records.) la Limited Liability Company)	_
The Articles of Organization for this Limited Liability C	Company were filed on	and assigned
This amendment is submitted to amend the following:		·
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and end with the words "Li	imited 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 ADDI	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		ter the name of the n
Name of New Registered Agent:		
		A S
New Registered Office Address:	Enter Florida street address	2 2
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registere	•	: 05
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and a accept the obligations of my position as registered a	complete performance of my duties, and I d	am familiar with and
being filed to merely reflect a change in the register	red office address, I hereby confirm that th	e limited liability

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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 **Type of Action** Title <u>Name</u> Address SHANINA, KESENIIA MGR □ Add 8249 NW 36TH ST SUITE 120-A ■ Remove **DORAL, FL 33166** SHANINA, KSENIIA 8249 NW 36TH ST SUITE 120-A MGR **■** Add **DORAL, FL 33166** □ Remove □ Remove □.Add □ Remove _ 🗆 Add ____ Remove

If amending any other information, enter change(s) here: (Attach additional sh	eets, if necessary.
	-
Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or filed die and cannot be more the date this document is filed by the Florida Department of State)	(optional) than 90 days after
Dated 08/19/2014	
Signature of a member or authorized representative of a me	moer
KSENIIA SHANINA	

Page 3 of 3

Filing Fee: \$25.00

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