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(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Oct 29 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Sky Powersports North Orlando 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:

Nathan Stickney

Name of Person

Sky Powersports North Orlando LLC

Firm/Company

855 N Hwy 17-92

Address

Longwood, Florida 32750

City/State and Zip Code

natestickney@gmail.com

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

For further information concerning this matter, please call:

Nathan Stickney

at (407) 443-7305

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

Sky Powersports North Orlando LLC

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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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Nathan D Stickney	709 Elkhorn Fern Lane	<input checked="" type="checkbox"/> Add
		Deland, FL 32720	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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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 October 24, 2014



Signature of a member or authorized representative of a member

Charles R Northey Jr

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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