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M. Signature OCT 2.9 2014

COVER LETTER

TO:	Registration Sec Division of Corp			
CUDIE	Sky Powe	ersports North Orlando	LLC	
SUBJEC	ZI:	Name of Limit	ted Liability Company	
The encl	osed Articles of A	amendment and fee(s) are subn	nitted for filing.	
Please re	eturn all correspon	dence concerning this matter t	o the following:	
		Nathan Stickney		
			Name of Person	
		Sky Powersports No	rth Orlando LLC	
			Firm/Company	
		855 N Hwy 17-92		
			Address	
		Longwood, Florida 3	2750	
			City/State and Zip Code	
		natestickney@gmail.d		
			o be used for future annual report notifica	ation)
For furth	er information co	ncerning this matter, please ca	ıll:	
Natha	n Stickney		407 443-7305	
	Name of	Person	Area Code Daytime T	elephone Number
Enclosed	d is a check for the	e 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

Sky Powersports North Orlando 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 Liabili	ity Company were filed on July 24, 2014	and assigned
Florida document number 14000117078	·	
This amendment is submitted to amend the followin	ng:	
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	s "Limited Liability Company." the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET A	DDRESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
	registered office address on our records, ente	r the name of the new
registered agent and/or the new registered office	address here:	<u> </u>
N. CN. D. L. IA		146 € 146 € 146 €
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street address	ST P PE
	, Florida _	
_	, Florida	Z ≥Zip Epde
New Registered Agent's Signature, if changing Regis	stered Agent:	
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper at accept the obligations of my position as registere being filed to merely reflect a change in the regis	nd complete performance of my duties, and I an ed agent as provided for in Chapter 605, F.S. O stered office address, I hereby confirm that the	n familiar with and r, if this document is
company has been notified in writing of this char	nge.	

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Nathan D Stickney	709 Elkhorn Fern Lane	 Add
		Deland, FL 32720	□ Remove
			□ Remove
			Add
			Remove
			Add Add Acremove TAX 1. AHASSE
			Remove

. If amending any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary.)
	<u> </u>
, ,	
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department	of receipt or filed date and cannot be more than 90 days after
Dated October 24	2014
Signature of a mu	ember or authorized representative of a member
Charles R Northey Jr	onion of adminimed representative of a memori
·'T	Cyned or printed name of signee

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Filing Fee: \$25.00

14 OCT 27 AM II: 45
SÜCRENARY OF STANE
TAULAHASSEE, FLORIO