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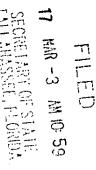
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D. SCOTT MAR. 6 2017

COVER LETTER

DIVISIO	on or Corp	orations		
SUBJECT:	SKYBA	AR HOLDINGS, LLC		
SOBJECT: _		Name of Lim	ited Liability Company	
The enclosed A	rticles of A	amendment and fee(s) are sub	mitted for filing.	
Please return all	l correspon	dence concerning this matter	to the following:	
		Marius J. Ged Esq		
			Name of Person	
		Ellis, Ged & Bodden, P.A		
			Firm/Company	
		7171 North Federal Highw	vay	
		 	Address	
		Boca Raton, FL 33487		
		mged@egblaw.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notification)	
For further info	rmation co	ncerning this matter, please ca	all:	
Marius J. Ged I	Esq		561 910-8245	4.0 4
	Name of	Person	Area Code Daytime Telephone ?	Number 100 To 100 Number 200 Numb
Enclosed is a ch	neck for the	e following amount:		经证
■ \$25.00 Filin	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) Ce	0.00 Filing Fee, ertificate of Status & Coertified Copy dditional copy is enclosed)

TO:

Registration Section

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

SKYBAR HOLDINGS, 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 11/07/2014 and assigned Florida document number L14000173853 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." n/a 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 address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Yampolsky, Vladislav, Manager 2101 NW Corporate Blvd Boca Raton, FL. 33431	
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Boca Raton, FL. 33431	
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tive date, if other than the date of filing: (option ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fil	al)
If the date inserted in this block does not meet the applicable statutory filing requirements, this d	
ment's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.r	m. on the earli
e 90th day after the record is filed.	
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Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00