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COVER LETTER

TO: Registration Se Division of Cor			~ ,		
	, Skalski CPA, PLLC	,	 • 60		
SUBJECT:Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Kimberly A Skalski				
		Name of Person			
	Kimberly A Skalski CPA, PLLC				
		Firm/Company			
	PO Box 468627				
		Address			
	Atlanta, GA 31146-8627				
		City/State and Zip Code			
	kim@skalskicpas.com	to be used for future annual report noti	(instian)		
For forther information a	oncerning this matter, please ea		incarion)		
	oncerning this matter, prease ea				
Kimberly A Skalski		404 317-6213 at ()			
Name o	f Person	Area Code Daytim	e Telephone Number		
Enclosed is a check for th	ne following amount:				
■ \$25.00 Filing Fee	S30.00 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 Addres	<u>s:</u>	<u>Street Address:</u>			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

. . . .

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED OF

	2020 OCT 21 PM 2: 19
Kimberly A Skalski CPA, PLLC	
(<u>Name of the Limited Liability Compan</u> (A Florida Limited L	iv as it now appears on burfrefords. RY OF STATE (ability Company) TALLANASSTE, FL
The Articles of Organization for this Limited Liability Company v	were filed on February 3, 2015 and assigned
Florida document number 1.15000020294	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
Skatski CPAs, LLC	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company." the designation "LLC" or the abbreviation "L.L.C."
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 a	ddress 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 ___

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.

City

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	<u>Type of Action</u>
			🗆 Add
			🗆 Remove
			□Change
			🗆 Add
			🗆 Remove
			□Change
			🖸 Add
			🖸 Change
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			🗆 Change

. . . .

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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 prior to date of tiling or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated October 20 2020 Humberly & Marki Signature of a member or authorized representative of a member

Kimberly A Skalski