L15000049336

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

N. Culligan JAN 14 2016

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: SKKV PROPERTY MAINTENANCE 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:

KEITH E. FLOWERS JR.
Name of Person

SKKV PROPERTY MAINTENANCE LLC
Firm/Company

760 NW 17 CT
Address

POMPANO BEACH, FL 33060
City/State and Zip Code

flowerspom@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KEITH E. FLOWERS at (954) 274-8767
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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2016 JAN 14 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 4, 2016

KEITH E. FLOWERS JR.
760 NW 17 CT
POMPANO BEACH, FL 33060

SUBJECT: SKKV PROPERTY MAINTENANCE LLC
Ref. Number: L15000049336

We have received your document for SKKV PROPERTY MAINTENANCE LLC and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 516A00000046

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
16 JAN 14 PM 12:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

SKKV PROPERTY MAINTENANCE 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 12/26/2015 and assigned Florida document number L15000049336.

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."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

760 NW 17 CT
POMPANO BEACH, FL 33060

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

760 NW 17 CT
POMPANO BEACH, FL 33060

B. If amending the registered agent and/or registered office address 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: 760 NW 17 CT
Enter Florida street address

POMPANO BEACH, FL 33060, **Florida** _____
City *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.

_____
If Changing Registered Agent, Signature of New Registered Agent

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

Title	Name	Address	Type of Action
MGR	VELMA G FLOWERS	760 NW 17 CT	☒ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

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TALLAHASSEE FLORIDA

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 filing 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 DECEMBER 26, 2015.

Keith E Flowers Jr.
Signature of a member or authorized representative of a member

KEITH E. FLOWERS JR.
Typed or printed name of signee

Filing Fee: $25.00