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COVER LETTER

Division of Corpor	rations			
SKY :	MINION, LLC			
	Name of Limi	ted Liability Company		
The enclosed Articles of Art	nendment and fee(s) are sub-	mitted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
	CHRISTOPHER CHAN			
		Name of Person	·	
	SKY MINION, LLC			
		Firm/Company		
	20 S. MAIN STREET, #2	240		
		Address		
	WINTER GARDEN, FL	34787		
	CHAN@THINKMINIO	City/State and Zip Code N.COM		
	E-mail address: (1	to be used for future annual report notification	ation)	
For further information cond	cerning this matter, please ca	all:		
CHRISTOPHI	ER CHAN	407 497-1201 at ()		
Name of Pe		Area Code Daytime T	TALLARIA JUN	Harry roy
Enclosed is a check for the f \$25.00 Filing Fee	ollowing amount: \$\Bigsirem\$\$ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO:

Registration Section

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

TO ARTICLES OF ORGANIZATION OF

SKY MINION, L	LC	
(Name of the Limite	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Li Florida document number	ability Company were filed on	and assigned
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if application	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:		
Enter new manning address, it applicable: (Mailing address MAY BE A POST OFFICE)	BOY)	
wanting undress MAT DE ATOST OFFICE I	<u></u>	
	or registered office address on our records, e	
registered agent and/or the new registered of	fice address here:	JUN 2
Name of New Registered Agent:		
New Registered Office Address:	20 S. MAIN STREET #240	
	Enter Florida street address WINTER GARDEN	∯
	City , Florid	la

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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	JENNIFER CHAN	20 S. MAIN STREET #240	■ Add
		WINTER GARDEN, FL 34787	□ Remove
			□ Change
			Add
			□ Remove
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(If an ei Note:	tive date, if other than the date of a fective date is listed, the date must be specifically after the date inserted in this block does nent's effective date on the Department	ic and cannot be prior to date of filing or more the not meet the applicable statutory filing required.	(optional) nan 90 days after filing.) Pursuant to 605.0207 (3)(b) uirements, this date will not be listed as the
	cord specifies a delayed effective 90th day after the record is fi	ve date, but not an effective time led.	, at 12:01 a.m. on the earlier of:
Data	JUNE 22	2016	
Dated		· ,	
		Mere	
	Signature	of a member or authorized representative of a r	member
		CHRISTOPHER CHAN	
		Typed or printed name of signee	

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Filing Fee: \$25.00