

LIS 000092014

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

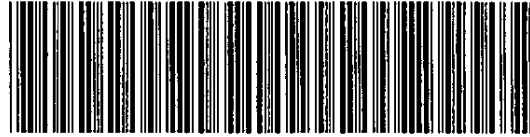
(Business Entity Name)

(Document Number)

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15 AUG 12 AM 11:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 13 2015

J SHIVERS

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SKC LLAND HOLDINGS 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:

MICHAEL K PERKINS

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

416 S HABANA AVE

\_\_\_\_\_  
Address

TAMPA

\_\_\_\_\_  
City/State and Zip Code

FL 33609

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Person at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

SKC LAND 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 5/26/2015 and assigned  
Florida document number L15000092014.

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)

**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 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

*City*

15 AUG 12 PM 11:20  
SECRETARY OF STATE  
ALL AMENDMENTS TO  
ARTICLES OF ORGANIZATION  
FILED

**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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MICHAEL K PERKINS	416 S HABANA AVE	<input type="checkbox"/> Add
		TAMPA FL 33609	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CHRISTOPHER M MURRAY	5015 SW 88TH STREET	<input type="checkbox"/> Add
		MIAMI FL 33156	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JASON UNDERWOOD	390 HERMANN SONS ROAD	<input checked="" type="checkbox"/> Add
		COMFORT TEXAS 78013	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARTHA UNDERWOOD	390 HERMANN SONS ROAD	<input checked="" type="checkbox"/> Add
		COMFORT TEXAS 78013	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

15 AUG 12 AM 11:2  
SECRETARY OF STATE  
ITALY AMBASSY, ROME

15 AUG 12 AM 11:28  
SECRETARY OF STATE  
WASHINGTON, DISTRICT OF COLUMBIA  
111 ARABIAN ST. FLORIDA

(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)

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 8/11, 2015

2015



Signature of a member or authorized representative of a member

MICHAEL K PERKINS

Typed or printed name of signee