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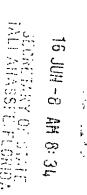
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Cit	y/State/Zip/Phone	; # <i>)</i>
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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## **COVER LETTER**

Division of Corpo	orations						
NEW SKY B	IRD INVESTMENTS LLC						
Name of Limited Liability Company							
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.					
Please return all correspond	dence concerning this matter	to the following:					
	Sandra . → Solomon						
		Name of Person	,				
		·					
		Firm/Company					
		Address					
	Blaine, Wa. 98230						
•		City/State and Zip Code					
	sandrasolo99@gmail.com						
		o be used for future annual report notifi	cation) .				
For further information con	cerning this matter, please ca	ill:					
Sandra : Solomon		778 8362838					
Name of P	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:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## (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 Sept 08,2015 and assigned Florida document number L15000152887 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 "LLC." 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:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

NEW SKY BIRD INVESTMENTS LLC

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 amfamiliar 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

Enter Florida street address

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>	Type of Action
MGR	SHUK YEE LI	PMB #64 816 Peace Portal Dr	Add
		Blaine, Wa. 98230 (change of	address) Remove
			☐ Change
AMBR	HOI YIN YIK	PMB #87 816 Peace Portal Dr	
		Blaine, Wa. 98230	■ Remove
			Change
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			□ Remove
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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 connot be prior to date of filing or more than 90 days after filing, a Puist	umu to n05	5.03 <i>07</i> ()	Tubi
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If the record specifies a delayed effective date, but not an effective time, at $12.01$ a.m. on the $60$ The $60$ th day after the record is filled.	he earli	er of:	
Dated Jun 6, 2016/1			
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Version of a member or authorized representative of a member			

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