

LIS000199102

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

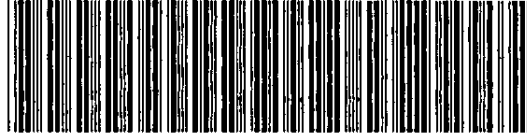
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

R.A. change sign

Office Use Only



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04/04/16--01022--003 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 APR 25 P 12:50

FILED

APR 26 2016

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 6, 2016

DESIREE TORRES
13574 VILLAGE PARK DRIVE, SUITE 250
ORLANDO, FL 32837

SUBJECT: SKYDRADS LLC
Ref. Number: L15000199102

We have received your document for SKYDRADS 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):

The registered agent must sign accepting the designation.

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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 516A00007092

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SKYDRADS 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:

DESIREE TORRES

Name of Person

SICONT ENTERPRISES OF AMERICA INC

Firm/Company

13574 VILLAGE PARK DR STE 250

Address

ORLANDO, FL 32837

City/State and Zip Code

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

For further information concerning this matter, please call:

DESIREE TORRES

407 443-8973

at ()

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SKYDRADS LLC

(Name of the Limited Liability Company as it now appears on our records,
(A Florida Limited Liability Company)

FILED
2016 APR 25 P 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 11/25/2015 and assigned
Florida document number L15000199102

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:

2007 BRANCASTER CIRCLE

(Principal office address MUST BE A STREET ADDRESS)

OCOEE, FL 34761

Enter new mailing address, if applicable:

2007 BRANCASTER CIRCLE

(Mailing address MAY BE A POST OFFICE BOX)

OCOEE, FL 34761

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: EDWARD CHONG

New Registered Office Address: 2007 BRANCASTER CIRCLE

Enter Florida street address

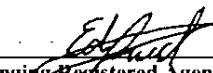
OCOEE, Florida 34761

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

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

Multiple horizontal lines for amending information.

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 MARCH 23, 2016

Signature of a member or authorized representative of a member

EDWARD CHONG
Typed or printed name of signee

FILED
2016 APR 25 P 12:50
SECRETARY OF STATE
FLORIDA