Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : STANTON AND GASDICK, P.A.

Account Number: 075350000152 Phone : (407)423-5203 Fax Number : (407)425-4105

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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SKYY 360, LLC

Certificate of Status	0
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Corporate Filing Menu

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		COVER LETTER	
TO: Registration			
Division of Co	orporations		
Skyy 360 SUBJECT:	, LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	condence concerning this matter	r to the following:	
	Michael J. Gasdick		
		Name of Person	
	Gasdick Stanton Early, P.	Α.	
		Firm/Company	
	1601 W. Colonial Drive		
		Address	
	Orlando, FL 32804		
		City/State and Zip Code	
	Mick@gse-law.com		
		to be used for future annual report not	ilication)
For further information of	concerning this matter, please o	all:	
Michael J. Gasdick		407 423-5203	
Name (of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Fiting Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
MAIL	ING ADDRESS:	STREET/COURI	IER ADDRESS:
Regist	ration Section on of Corporations	Registration Section Division of Corporation	in .
P.O. B	ox 6327	Clifton Building	
Tallah	nssec, FL 32314	2661 Executive Co Tallahassee, FL 32	

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(((H16000013217 3))) ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Skyy 360, LLC		
(Name of the Limited Liabil	ity Company as it now appears on our recor a Limited Liability Company)	42.)
The Articles of Organization for this Limited Liability C	Company were filed on 12/31/2015	and assigned
Florida document number L16000000053		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Name of New Registered Agent: New Registered Office Address:		
	Enter Florida street addre	ss
	, F	lorida
New Registered Agent's Signature, if changing Registere	City	Zip Code
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and confidence of all statutes relative to the proper and confidence of the obligations of my position as registered agong filed to merely reflect a change in the registere company has been notified in writing of this change.	and agree to act in this capacity. I fi omplete performance of my duties, a gent as provided for in Chapter 605,	and I am familiar with and F.S. Or, if this document is not the limited liability
1111100		

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

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<u>Title</u>	Name	Address	Type of Action
Manager	Guillermo Lozano	5519 West Highway 193	☐ Add
		Kissimmee, FL 34746	■ Remove
			☐ Change
Manager	Charles Whittall	7940 Via Dellagio Way #200	■ Add
		Orlando, FL 32819	□ Remove
	·		Change
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ocument's effective date of	on the Department o	f State's records.					
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