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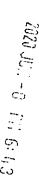
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JUN 23 2020

COVER LETTER

TO:

	gistration Se vision of Cor			
oud ileer	SKY ĻIMIT	EQUIPMENT, LLC		•
SUBJECT:		Name of Lim	ited Liability Company	
The enclose	d Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		SAMUEL BARRINGTON	ı	
			Name of Person	
		SKY LIMIT EQUIPMENT	T, LLC	
			Firm/Company	
	6831 NORTH ORANGE BLOSSOM TRAIL			
			Address	
	ORLANDO, FLORIDA 32810			
			City/State and Zip Code	****
		ACCOUNTS@SKYLIMIT		
For further	information c	n-mail address: to oncerning this matter, please co	to be used for future annual report no all:	uneation)
PATRICIA	SWANEY		407 44-08183	
	Name of	l'Person	Area Code Daytii	ne Telephone Number
Enclosed is	a check for th	ue 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		Street Address: Registration S	ection	
Division of Corporations		Division of Co	orporations	
	O. Box 632		The Centre of	
l a	illahassee. I	TL 32314	Z415 N. Monn	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 JUN - 8 PM 6: 43

SKY LIMIT EQUIPMENT, 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 vi Florida document number L16000011513	vere filed on <u>01/15/20</u> 16	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)		<u></u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, g	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
	Сиу	Florida 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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

AMBR = Authorized Member		び迎りびごっ名 Fii ら <u>rype of A</u> g		
<u>Title</u>	<u>Name</u>	Address	Type of Action	
AMBR	SAMUEL BARRINGTON	PO BOX 541612, ORLANDO, fl. 32810	Add	
			□Remove	
			□Add	
			□Remove	
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- -	ation, enter change(s) here: (Attach additional sheets, if necessary.)
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	. <u> </u>
	
Effective date, if other than the [If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the If	ust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) block does not meet the applicable statutory filing requirements, this date will not be listed as the
ne record specifies a delayed effection of is filed.	ive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	2020
	SPORT STATE OF THE PARTY OF THE
	Signature of a member or authorized representative of a member
SAMUEL BARRINGT	TON
	Typed or printed name of signee

Filing Fee: \$25.00