

L160000050009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

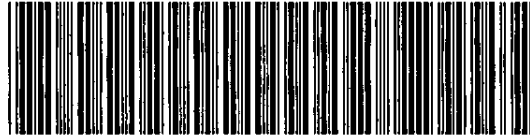
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300284068223

04/04/16--01045--005 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 APR -4 P 2:09

FILED

APR 03 2016
J. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

Skop International Enterprises, LLC

SUBJECT: _____
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:

Jonas Pachciarek Roter

Name of Person

Firm/Company

7260 SW 109 Terrace

Address

Pinecrest, FL 33156

City/State and Zip Code

jonas@roter.us

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

For further information concerning this matter, please call:

Jonas Pachciarek Roter

305

608-8778

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 APR -4 P 2:09

FILED

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

Skop International Enterprises, 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 3/14/16 and assigned
Florida document number L16000050009.

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:

Jonas Pachciarek Roter

New Registered Office Address:

7260 SW 109th Terrace

Enter Florida street address

Pinecrest

Florida

City

Zip Code

FILED
2016 APR - 4 P 2 09
CLERK OF STATE
TALLAHASSEE, FLORIDA 33156

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	Jonas Pachciarek Roter	7260 SW 109th Terrace	<input type="checkbox"/> Add
		Pinecrest, FL 33156	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Tania Roter Zalkowitz	160 Boylston St. Apt.2246	<input type="checkbox"/> Add
		Chestnut Hill, MA 02467-2016	<input type="checkbox"/> Remove
			<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 2018 APR -8 P 2:09
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

The management of the Company or LLC shall be vested in the Authorized Member or
Authorized Members, who shall have full, exclusive and complete discretion, power and
authority, subject in all cases to the other provisions of the Operating Agreement, if any, and
the requirement of applicable law, to manage, control, administer, and operate the business
and affairs of the Company or LLC for any and all purposes, and make all decisions
affecting such business and affairs, including, without limitation, entering into contracts,
to sell, acquire, own and lease, license, develop and improve real estate or otherwise
any real or personal property, tangible or intangible property, or for any other lawful
purpose.

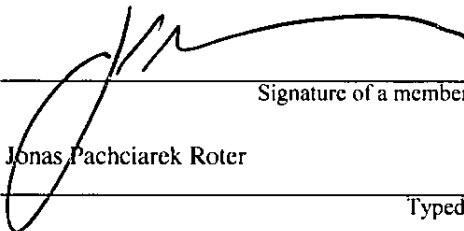
E. Effective date, if other than the date of filing: _____ (optional)

(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 31st, 2016


Jonas Pachciarek Roter

Signature of a member or authorized representative of a member

Typed or printed name of signee

FILED
2016 APR - 4 P 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA