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(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone #)
PICK-UP	MAIT	MAIL
(Bi	usiness Entity Name)	
(D	ocument Number)	
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COVER LETTER

	tration Secti ion of Corpo			
SUBJECT: _	SKS	Haul-N LL Name of Lim		
The enclosed A	Articles of An	nendment and fee(s) are sub	omitted for filing.	
Please return a	ll correspond	ence concerning this matter	to the following:	
		Tracy & K	elly Bonewit	
		SKS Hai	VI-N LLC Firm/Company	
		762957	Dove Rd Address	
		Yulec F	City/State and Zip Code	
	-	Sks.hauli E-mail address: (to be used for future annual report noting	fication)
For further info	ormation conc	erning this matter, please ca	·	,
Trace	3 Name of Pe	wit rson	at (90 4) 62 4- Area Code Daytime	3167 e Telephone Number
Enclosed is a cl	neck for the f	ollowing amount:		
□ \$25.00 Fili	ng 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

SKS Haul-			
(Name of the Limited Liabi (A Flori	ility Company as it now appear da Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Florida document number <u>L 160000 55 788</u>	Company were filed on	3/18/16	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	mited liability company he	ere:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the d	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADE	<u> </u>		~-1
			701B J. T. 1
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			
			
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address on idress here:	our records, <u>ent</u>	er the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flor	rida street address	
	City	, Florida	Zip Code
	Сиу		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, 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>	Address	Type of Action
AMBR	Tracy Bonewit	76245 Dove Rd Yulee Fr 32097	
		yulee PC 32097	□ Remove
			Change Title
			□ Add
			□ Remove
			Change
			Remove
			□ Change
			Add
			□ Remove
			Change
			☐ Add
			□ Remove
			□ Change
	<u> </u>		
			Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Schedule A Percentage Changes
Tracy D. Bonewit 76%
Kelly A. Bonewit 870
Adam D. Teel 8%
Stephanie N. Teel 8%
E. Effective date, if other than the date of filing: (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 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t 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 July 33. 2019 May D Brewith Signature of a member or authorized representative of a member Tracy D. Bonewith Typed or printed name of signee
Tracy D. Bonewit Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00