

L16000138263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

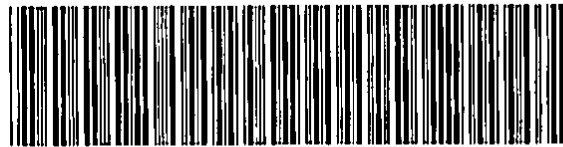
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000329841220

05/29/19--01036--020 **25.00

FILED
2019 MAY 29 PM 12:23
CLERK OF COURT
CLERK OF COURT

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Skyceberg 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:

-- Kevin David Garland

Name of Person

Skyceberg LLC

--

Firm/Company

15380 SW 72 AVE

Address

-- MIAMI, FLORIDA 33157-2553

City/State and Zip Code

skycebergcorporation@gmail.com

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

--
For further information concerning this matter, please call:

Kevin Garland

321 593-5267
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**

Skyceberg 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 07/22/2016

2019 MAY 29 PM 12:23

Florida document number L16000138263

TALLAHASSEE, FLORIDA

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:

15380 SW 72 AVE

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FLORIDA 33157-2553

Enter new mailing address, if applicable:

15380 SW 72 AVE

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FLORIDA 33157-2553

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:

Kevin David Garland

New Registered Office Address:

15380 SW 72 AVE

Enter Florida street address

MIAMI

City

Florida 33157-2553

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>	<u>Address</u>	<u>Type of Action</u>
p	Galben Roman	12945 Coronado Ln North Miami	<input type="checkbox"/> Add
		FL 33181	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
OFC	Galben Roman	12945 Coronado Ln North Miami	<input type="checkbox"/> Add
		FL 33181	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
OFC	William K. Kokorelis	15380 SW 72 AVE MIAMI	<input checked="" type="checkbox"/> Add
		FL 33157-2553	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
p	William K. Kokorelis	15380 SW 72 AVE MIAMI	<input checked="" type="checkbox"/> Add
		FL 33157-2553	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

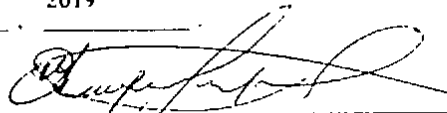
E. Effective date, if other than the date of filing: _____ (optional)

(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 May 24, 2019



Signature of a member or authorized representative of a member

Galben Roman

Roman Galben

Typed or printed name of signee