

L17000020492

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

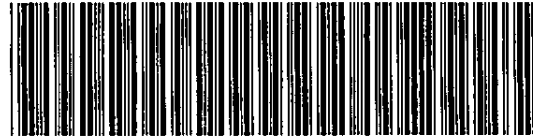
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

FEB 02 2017  
J. HARRIS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SKYWAY SHOP 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:

MARTHA ESPINOZA  
Name of Person

Firm/Company

7617 CLOVELLY PARK PL  
Address

APOLLO BEACH FL 33572  
City/State and Zip Code

SKYWAYSHOPLLC@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARTHA ESPINOZA at (727) 459-4961  
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**

SKYWAY SHOP 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 01/26/2017 and assigned Florida document number L17000020492.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

SKYWAY-SHOPP LLC

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)**

7617 CLOVELLY PARK PL  
APOLLO BEACH FL 33572

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

7617 CLOVELLY PARK PL  
APOLLO BEACH FL 33572

**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:

MARTHA ESPINOZA

New Registered Office Address:

7617 CLOVELLY PARK PL

Enter Florida street address

APOLLO BEACH

City


Florida

33572

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>                      |
|--------------|-----------------|-----------------------|--|
| MGR          | VINH L NGUYEN   | 7617 CLOVELLY PARK PL | <input type="checkbox"/> Add               |
|              |                 | APOLLO BEACH FL 33572 | <input checked="" type="checkbox"/> Remove |
|              |                 |                       | <input type="checkbox"/> Change            |
| MGR          | MARTHA ESPINOZA | 7617 CLOVELLY PARK PL | <input checked="" type="checkbox"/> Add    |
|              |                 | APOLLO BEACH FL 33572 | <input type="checkbox"/> Remove            |
|              |                 |                       | <input type="checkbox"/> Change            |
|              |                 |                       | <input type="checkbox"/> Add               |
|              |                 |                       | <input type="checkbox"/> Remove            |
|              |                 |                       | <input type="checkbox"/> Change            |
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|              |                 |                       | <input type="checkbox"/> Remove            |
|              |                 |                       | <input type="checkbox"/> Change            |

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DIVISION OF CORPORATIONS  
17 FEB - 1 PM 2:00

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(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)

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 January 29, 2017

Signature of a member or authorized representative of a member

Vinh C. Nguyen  
Typed or printed name of signer

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