

L17000020492

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

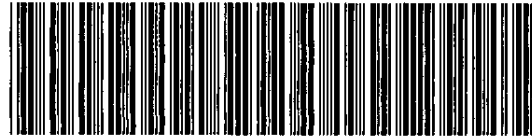
(Business Entity Name)

(Document Number)

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FEB 24 2017  
S. YOUNG

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 FEB 23 AM 10:40

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SKYWAY-SHOPP 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 L Espinoza  
Name of Person

Skyway Shopp LLC  
Firm/Company

7617 Clovelly Park PL  
Address

Apollo Beach FL 33572  
City/State and Zip Code

SKYWAYSHOPP LLC @ 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

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STATE  
SECRETARY OF  
TALLAHASSEE, FLORIDA  
17 FEB 23 AM 10:40

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

SKYWAY-SHOPP 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 1/26/2017 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:**

SKY-WAY 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:

New Registered Office Address:

Enter Florida street address

, Florida

City

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>
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11/2/20

FILED STATE  
SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA

(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 Feb. 20, 2017

Signature of a member or authorized representative of a member

MARTHA L ESPINOZA  
Typed or printed name of signee