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### **COVER LETTER**

TO:	Registration Section División of Corporations
SUBJ	ECT: SKINNER Pro Services LLC  Name of Limited Liability Company
	Name of Limited Liability Company
The er	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Wendy Scinner Name of Person
	Skinner Logistics FirmCompany
	18830 NW 302 and Street
	Address
	Oklechobee, FL 3497a
	City/State and Zip Code  SKINNEY 1091 SHICS & GMail. Com  E-mail address: (to be used for future annual report notification)
For fin	ther information concerning this matter, please call:
	Wendy Skinner at 863, 610 - 1504  Name of Person Area Code Daytime Telephone Number
	Name of Ferson Area Code Daytime Telephone Number
Enclos	ed is a check for the following amount:
	5.00 Filing Fee Solution Solut

#### 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

Skinger Pro (Name of the Limited I		y as it now appears on our record lability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liabi Florida document number 170000 4	lity Company 5	were filed on January 5	and assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the Skinner Logistic  The new name must be distinguishable and contain the words	CS, W	C	Wards also declared LCP
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	e:	, , ,	02 nd Street
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>X)</u>	188,30 NW 35 OkeeChobee, Fr	024 Street
B. If amending the registered agent and/or registered agent and/or the new registered office  Name of New Registered Agent:  New Registered Office Address:	address here		第 25
<u>riem riegiaiereu Office Audices.</u>		Enter Florida street addres:	

#### 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 Title **Address** Type of Action Robert Skinner 18830 NW 302 M Street DANG \_□ Change Werdy Skinner 18830 NW 3024 Street ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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Filing Fee: \$25.00