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COVER LETTER

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Registration Section

Tallahassee, FL 32314

TO:

Division of Co	orporations		•
SUBJECT: Sk	1 11155 1095 360, LL Name of Limi	<u> </u>	
	Name of Limi	ted Liability Company	
The enclosed Articles of	of Amendment and fee(s) are subr	nitted for filing.	
Please return all corresp	pondence concerning this matter t	to the following:	
	Greensey S.	IGF L Name of Person	
	Geodory S. Il	SEL, LLC	
	43 A Pass	Firm/Company	2019 HAR 15
	Pain Cond,	Address \$2.32164	HATTER DID TO
	0 0 1	City/State and Zip Code	;;·
For further information	E-mail address: (to concerning this matter, please ca	o be used for future annual report noti	fication)
Gaei.	1 1/82	at (386) 717-	6133
Name	of Person		e 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)
Regis Divis	LING ADDRESS: stration Section sion of Corporations Box 6327	STREET/COURI Registration Section Division of Corpor Clifton Building	n

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sky Missions 360 LL	.C
(Name of the Limited Liability Comps (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	
Gregory 5, Ige/ UC The new name must be distinguishable and contain the words "Limited Liabi	lity 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)	Palm Coard, FZ 32164 =
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Paum Cast JL 32164 5
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our records, enter the name of the new
Name of New Registered Agent: New Registered Office Address: Palm 1	Prospering In Enter Florida street address Florida 32164
	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 = M AMBR = A	lanager authorized Member			
<u>Title</u>	Name	Address	Type of Action	
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Effective date, if other the fan effective date is listed, the d Note: If the date inserted in document's effective date on	ate must be specific and ca this block does not me	unnot be prior to date of he et the applicable statute	ling or more than 90 days at	ter filing.) Pursuant to t	605.0207 listed as
ne record specifies a de The 90th day after th	layed effective date e record is filed.	te, but not an effe	ctive time, at 12:01	a.m. on the ea	rlier of
\mathcal{N}	94 1 1.1	2017.			
Dated // / DIH	Cole ()	mber or authorized repre-			

Page 3 of 3

Filing Fee: \$25.00

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TO: Registration Se Division of Cor				
subject:Sky	Missions 3(0), 41C Name of Limit	led Liability Company		
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.		
Please return all correspo	ndence concerning this matter to	o the following:		
	GRELDRY	5, IGEL Name of Person		
	Greeny S.	Name of Person [681, 440 (New) Firm/Company	=1 ~2	
	^	ITY LAWE Address	TALLAHAUSE	,,,,,,
	_	Address FL 32164 City/State and Zip Code		
		City/State and Zip Code	D D T	
	Gregoryige e	gmul, com 8 be used for future annual report noti	fication)	
For further information of	concerning this matter, please ca			
Good Jase		at (<u>336</u>) <u>7/7-2</u> Area Code Daytim	6/13	
Name o	of Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for t	he 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