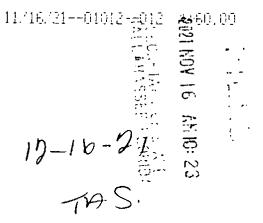


(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

Office Use Only





COVER LETTER

10: Registration Division of	n Section: 4 Corporations		
SUBJECT:	S LLC		•
30BJEC1:	Name of Lin	nited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	Luke Amoresano		
		Name of Person	
	Broker Model P.A.		
		Firm/Company	
	2650 W State Road 84, St	e 103	
		Address	
	Fort Lauderdale, FL		
	lukeskybroker@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information	on concerning this matter, please c	all:	
Luke Amoresano		954 328-0440 at ()	
Nar	ne of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	or the following amount:		
□ \$25.00 Fiting Fee	e S30.00 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 Ade	d paces	Street Address	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WIRMS LLC			
(Name of the Limit	ed Liability Compa (A Florida Limited)	nny as it now appears on our reco Liability Company)	ords.)
The Articles of Organization for this Limited L	iability Company	were filed on 03/21/2017	and assigned
lorida document number L17000068901	·		
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	f the limited liab	ility company here:	
Luke Skybroker LLC			
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation "LI	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2650 W State Road 84, Ste 1	103
(Principal office address MUST BE A STREET ADDRESS)		Fort Lauderdale, FL 33312	
Enter new mailing address, if applicable:		2650 W State Road 84, Ste 1	203 207 VOV
(Mailing address MAY BE A POST OFFICE BOX)		Fort Lauderdale, FL 33312	0 .
			\$ 5 B
			(45) 117년 - 교육 126
 If amending the registered agent and/or r igent and/or the new registered office addres 		address on our records, <u>ent</u>	er the name of the new register
Name of New Registered Agent:	Broker Model	P.A.	
New Registered Office Address:	2650 W State F	Road 84, Ste 103	
	_	Enter Florida street addi	ress
	Fort Lauderdal	e	Florida 33312
		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, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Luke Amoresano	2650 W State Road 84, Ste 103	
		Fort Lauderdale, FL 33312	□Remove
			Change
			□Add
			Remove
			□Change
			Remove
			Remove
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
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	her than the date of the date of the date must be spectred in this block do	ecific and cannot be pri ses not meet the app	licable statutory f	or more than 90 days aft		
fan effective date is list <u>Note:</u> If the date inse	date on the Departm					
an effective date is list Sote: If the date inselective locument's effective record specifies a de		but not an effective	time, at 12:01 a.	m. on the earlier of:	(b) The 90th day a	fler the
fan effective date is list <u>Note:</u> If the date inse locument's effective	elayed effective date.		esant		(b) The 90th day a	fler the

Filing Fee: \$25.00