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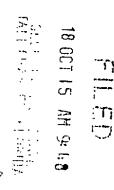
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

SUBJECT:		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
	ondence concerning this matter	-	
	СЕМ GOKTEPE		
	SKYHILL BUSINESS FI	Name of Person NANCING, LLC	
	3804 KALANCHOE PLA	Firm/Company CE	
	WESLEY CHAPEL, FL 3	Address 3544	
	gemga	City/State and Zip Code	191L. Con
For further information o		to be used for future annual report noti	
DAVID B WILSON	, pouse v	727 393-3258	
Name o	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	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 enclose

MAILING ADDRESS:

TO: Registration Section

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

SKY HILL DISCOUNT WAREHOUSE LLC	
(Name of the Limited Liability Con (A Florida Limite	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa	any were filed on 05/23/2017 and assigned
Florida document number L17000113670	
his amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited li	iability company here:
SKYHILL BUSINESS FINANCING, LLC	
he new name must be distinguishable and contain the words "Limited Lia	` '
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	,
The same of the sa	. 5
	A C
Inter new mailing address, if applicable:	
<i>y</i> 11	
Mailing address MAY BE A POST OFFICE BOX)	
. If amending the registered agent and/or registered egistered agent and/or the new registered office address h	
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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
			Change
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fective date, if other than	the date of filing: _		· · · · · · · · · · · · · · · · · · ·	(optio	nal)		
an effective date is listed, the date ote: If the date inserted in thi	must be specific and can s block does not meet	not be prior to da the applicable	te of filing or more statutory filing re	than 90 days after quirements, this	filing.) Purst date will n	ant to 6 of be li	05.020° sted as
ocument's effective date on th			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	44		0.00.	3,00 0.
record specifies a dela The 90th day after the	yed effective date record is filed.	e, but not an	effective tim	e, at 12:01 a	.m. on th	ne ear	lier o
October 3	20	018					
ated	,,,,,	·					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00