117000124554

Office Use Only

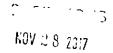


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FILING CANCELLED RETURNED CHECK

11/27/17--01021--011 **25.00

17 KOV 27 PHH: 45



COVER LETTER

TO: Registration Section Division of Corporations

FILING CANCELLED RETURNED CHECK

SUBJECT:	GROUP, LLC				
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	SKYLER BORGERDING				
	,	Name of Person			
	SKYPLEX GROUP, LLC				
Firm/Company					
	PO BOX 823814				
	Address				
	PEMBROKE PINES, FL.	33082			
	City/State and Zip Code				
	SKYLER@SKYPLEXGROUP.COM E-mail address: (to be used for future annual report notification)				
			ication)		
for further information c	oncerning this matter, please ca	all:			
SKYLER BORGERDIN	G	954 9441136			
Name of Person		at () Area Code Daytime	Telephone Number		
Enclosed is a check for th	ne 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

ARTICLES OF AMENDMENT TO FILING CANCELLED ARTICLES OF ORGANIZATION RETURNED CHECK OF

(Name of the Limited Liability Compa (A Florida Limited I.	ny as it now appears on our records.) Jability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L17000124554}{}$. This amendment is submitted to amend the following:	were filed on 06/07/2017 and assigned
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, <u>enter the name of the new</u>
Name of New Registered Agent: New Registered Office Address:	Ener Florida se ces adises Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and crowided for in Chapter 605, F.S. Or, if this document is

SKYPLEX GROUP, LLC

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

FILING CANCELLED RETURNED CHECK

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	CAITLYN L. MOORE	PO BOX 823814	∃ Add
		PEMBROKE PINES, FL 33082	Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change
			Ada :
			□ Remoye
			☐ Change
			☐ Remove
			Change
			□ Remove
			Change
			☐ Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) FILING CANCELLED RETURNED CHECK E. Effective date, if other than the date of filing: (optional) (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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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. November 21 Dated __ Signature of a member or anthorized representative of a member

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Filing Fee: \$25.00