## L17000134823

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #	)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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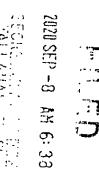
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## **COVER LETTER**

	gistration Secti ision of Corpo			•		
SUBJECT:	Skilled Real E	Estate, LLC	•			
30,000		Name of Limi	ted Liability Company			
The enclosed	d Articles of Ar	mendment and fee(s) are subt	nitted for filing.			
Please return	all correspond	lence concerning this matter (	to the following:			
		Sean Ford				
			Name of Person			
		Skilled Real Estate, LLC				
			Firm/Company			
		1001 NW 193rd Ave				
			Address			
		Pembroke Pines, FL 33029				
			City/State and Zip Code			
		sean@skilledrealestate.com				
		E-mail address: (t	o be used for future annual repor-	t notification)		
For further i	nformation con	cerning this matter, please ca	all:			
Sean Ford			305 788-367 at ()	<u></u>	2020 SEP	
	Name of F	Person	Area Code D:	aytime Telephone Number		
Enclosed is	a check for the	following amount:			8 A	Ti-
□ \$25.00 Filing Fee		■ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified		e of Statu's & Copy (Copy is enclosed)	المعدد
	W 4.11		Secret 11			

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

Skilled Real Estate, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number L17000134823 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

## 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.

City

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Ford, Sean P	1001 NW 193RD AVE	□Add
		PEMBROKE PINES, FL 33029	■Remove
			Change
AMBR	Ford, Sean P	1001 NW 193RD AVE	■Add
		PEMBROKE PINES, FL 33029	□Remove
			□Change
			□Add
			□Remove
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Effective date, if other the If an effective date is listed, the Canal Mote: If the date inserted in document's effective date of	date must be specific a this block does no	nd cannot be prior t t meet the applica	to date of filing or n	nore than 90 days afte	ional)	<u>ှာ</u> သ မ
document s effective date of	Title Department of	State S records.				
e record specifies a delayed ord is filed.	effective date, but n	ot an effective tir	ne, at 12:01 a.m.	on the earlier of: (	b) The 90th day	after th
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Dated September, 1, 2020	Lui	Pot	el			

Filing Fee: \$25.00