

U1700017863S

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

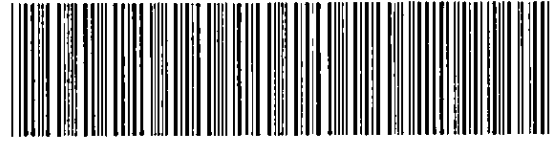
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED

2020 JUN 25 PM 3:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2020 JUN 24 PM 2:37

MISSISSIPPI

JUN 25 2020



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 25, 2020

KENNY DUBUISSON  
20855 NE 16TH AVE C #5  
MIAMI, FL 33179

SUBJECT: CITY CODE COMPLIANCE LLC  
Ref. Number: L17000178635

We have received your document for CITY CODE COMPLIANCE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a PROFIT CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Terri J Schroeder  
Regulatory Specialist III

Letter Number: 520A00012552



**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

CITY CODE COMPLIANCE LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/21/2017 and assigned Florida document number L17000178635.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

SKN CAPITAL, LLC

The new name must be distinguishable and contain the words "Limited Liability 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 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:

AJAI BUSINESS SERVICES LLC

New Registered Office Address:

4000 HOLLYWOOD BLD 566-S

*Enter Florida street address*

HOLLYWOOD

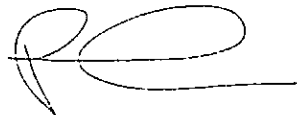
*City*

Florida 33021

*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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2020 JUL 25 PM 3:55  
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