

L17000178635

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2021 MAR 11 PM 3:31  
MAR 20  
SECRETARY OF STATE  
TALLAHASSEE, FL

3/11/21

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SKN Capital, LLC**

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nilda Lallemand

\_\_\_\_\_  
Name of Person

SKN Capital, LLC

\_\_\_\_\_  
Firm/Company

20855 NE 16th avenue Suite C5

\_\_\_\_\_  
Address

Miami, FL 33179

\_\_\_\_\_  
City/State and Zip Code

info@skn.capital

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nilda Lallemand

786

6374943

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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 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

FILED

2021 MAR 11 PM 3: 31

SKN Capital, LLC

SECRETARY OF STATE  
TALLAHASSEE FL

(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 L17000 178635.

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 "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:

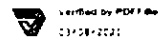
Name of New Registered Agent: Einception LLC

New Registered Office Address: 20245 NE 15th court #B1  
*Enter Florida street address*

Miami, Florida 33179  
*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 = Manager**  
**AMBR = Authorized Member**

[illegible]

[illegible]

(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.

Dated 03/10/2021.

Nilda Lallenand

Signature of a member or authorized representative of a member

Verified by PDF Element  
03/16/2023

Nilda Lallemand

Typed or printed name of signee



"Start  
With A Solid  
Foundation"

Dear Florida Department of State Division of Corporations:

Reference: SKN Capital LLC

Document number: W21000028505

I am writing to request a refund for the LLC amendment fee. A total of \$125.00 was accidentally paid instead of the correct amount which is \$25.00. We are requesting that the amount of \$100.00 be made payable to Einception LLC.

Included is the correct Amendment form.

Best regards,

Raquel Cave'

Einception LLC.  
20245 NE 15th Court  
Suite B1  
Miami, FL 33179.