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J. HARRIS

COVER LETTER

TO: Registration Se Division of Cor		•	gr r
Sarasota S	ky, LLC		
30 bar.e.1.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Troy H. Myers, Jr.		
		Name of Person	
	leard, Merrill, Cullis, Tim	m, Furen & Ginsburg, P.A.	
		Firm/Company	
	2033 Main Street, Suite 66	00.	
		Address	
	Sarasota, FL 34237		
		City/State and Zip Code	
	tmyers@icardmerrill.com		
		to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	all:	
Troy H. Myers, Jr.		941 953-8110	
Name o	f Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for the	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 ARTICLES OF ORGANIZATION OF

Sarasota Sky, LLC		
(Name of the Lim	ited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)
he Articles of Organization for this Limited		ovember 10, 2017 and assigned
lorida document number 1.17000233017	·	
his amendment is submitted to amend the fol	llowing:	
. If amending name, enter the new name	of the limited liability company h	ere:
ne new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:	, N.J.
Principal office address MUST BE A STRE	ET ADDRESS)	7 ,
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nter new mailing address, if applicable:		÷:
Mailing address MAY BE A POST OFFICE	E BOX)	
		
. If amending the registered agent and egistered agent and/or the new registered of New Registered Agent:	d/or registered office address or office address here: Stephen Pileggi	our records, <u>enter the name of the</u>
	16 S. Orange Avenue	
New Registered Office Address:		orida street address
	Sarasota Sky, LLC	Florida 34236
	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. Thereby 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Troy H. Myers, Jr.	2033 Main Street, Suite 600,	□ Add
		Sarasota, Fl. 34237	■ Remove
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pecifies a delayed effective date, but not an effective to day after the record is filed. 12 /4 12 /4 Signature of a member or authorized representative Troy H. Myers, Jr.	ime, at 12:01 a.m. on the ear