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Office Use Only



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SECRETARY OF STATE
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APPROVED AND FILED

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COVER LETTER

TO:	Registration Se Division of Cor			
รบัธิม	SKY LAKI	HOLDINGS, LLC	•	
SUBJ	ECT:		ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		John J. Spiegel		
		Sky Lake Holdings, LLC	Name of Person	
		14901 Bald Eagle Drive	Firm-Company	
		Fort Myers, FL 33912	Address	
		jspiegel@bellsouth.net	City/State and Zip Code	
		E-mail address: (to be used for future annual report noti	fication)
For fu	rther information c	oncerning this matter, please ca	all:	
John J	, Spiegel		305 804-3051 at ()	
Name of Person			at ()Area Code Daytim	e Telephone Number
Enclos	sed is a check for the	ne following amount:		
□ \$2	5.00 Filing Fee	■ \$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 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 266) Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SKY LAKE HOLDINGS, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

	Company were filed on Januar	y 5, 2018 and assigned
Florida document number 1.18000004577	 ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address address.	stered office address on ou	ir records, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida :	
		, Florida Zup Code
	City	Zm Code
New Registered Agent's Signature, if changing Registers		Zip Code

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>	<u>Address</u>	Type of Action
AMBR	Rosann M. Spiegel	14901 Bald Eagle Drive Fort Myers, FL 33912	Add
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		Docom	ber 21, 2018				
E. Effective date, if of (If an effective date is list	her than the date				(optional)		
 (If an effective date is list <u>Note:</u> If the date inse 							
document's effective	date on the Departn	nent of State's rec	ords.				
If the record specifie			t not an effect	tive time, at 12	:01 a.m. on	the ear	lier o
(b) The 90th day at	iter the record is	s nieu.					
December 14 Dated		2018					
17ated	<i>C</i> A	·	'				
1/		١		ntative of a member			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00