## 48000063877

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## **COVER LETTER**

	stration Secti ion of Corpo			
SUBJECT:	SKY	YFIRE DE	J LLC ited Liability Company	
	<u> </u>	Name of Lim	ited Liability Company	
The enclosed a	Articles of An	nendment and fee(s) are sub-	mitted for filing.	
Please return a	all correspond	ence concerning this matter	to the following:	
		KRISH R	AMCHARITAR Name of Person	<del></del>
			Name of Person	
		SKYFI	RE DEU LLC	
			Firm/Company	
		1105 TUR	Address	VE #333
		NAPLES	FL 34110	
		E-mail address: (	OCHARITAR to be used for future annual report not	fication)
For further inf	ormation con	cerning this matter, please ca	all:	
KRIS	N RAC	NCHARMAR	at ( <u>772)</u> 222 - Area Code Daytim	7262
	Name of Pe	erson	Area Code Daytim	e Telephone Number
Enclosed is a	check for the f	following amount:		
\$25.00 Fil		☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &
CHECK ALR SUBMITITE SECCOSER LETTER	EKOY Tev),		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
SEÉCOSER				
Letter	Registration	G ADDRESS:	STREET/COURI Registration Section	on
	P.O. Box	of Corporations 6327 ee, FL 32314	Division of Corpo Clifton Building 2661 Executive Co Tallahassee, FL 32	enter Circle



May 29, 2018

KRISN RAMCHARITAR 1105 TURTLE CREEK DR #333 NAPLES, FL 34110

SUBJECT: SKYFIRE DEV LLC Ref. Number: L18000063877

We have received your document for SKYFIRE DEV LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 018A00011112

RECEIVED

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SKYFIRE		
(Name of the Limi	ted Liability	Company as it now appears on our records.) Limited Liability Company)
	(V. i.m.na i	sumed training company)

The Articles of Organization for this Limited Liability Company were filed on MARCH 12, 2018 and assigned Florida document number 418000063817.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the lim	ited liability company here:		991
			i
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" o	or the abbreviation "L	F.C.
Enter new principal offices address, if applicable:		00 f	- 1
(Principal office address MUST BE A STREET ADDI	RESS)		
***************************************			9 -
		₹ . <u></u>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
15	to a la officia del desco un compressondo	untur the name	of the no
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		enter the name	or the ne
Name of New Registered Agent:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
N. D. L. LORG All			
New Registered Office Address:	Enter Florida street address		
	. Flori	ida	
-	City	Zin 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

Title	Name	Address	Type of Action
MGR	KRISN RAMCHAR ITAR	- 1105 TURTLE CREEK DRI	<u>√€</u> □Add -333
		NAPLES, FL 34110	□ Remove
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lf an effectiv <u>Note:</u> If t	date, if other that we date is listed, the date inserted in 's effective date on	late must be specific this block does n	and cannot be prior not meet the application	to date of filing or morable statutory filing	re than 90 days after 1 requirements, this	tīling.) Pursuant	to 605.020 be listed a
	d specifies a de Oth day after th			t an effective tir	me, at 12:01 a	.m. on the	earlier o
Dated	JUNE 8	, )	2018			A	2010 JUN
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		Signature	of a member or autho	orized representative of	f a member		_
_			RAMCH P	orized representative o	f a member		全门

Page 3 of 3

Filing Fee: \$25.00