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MAR 13 2020

COVER LETTER

Division of Corp	ocrations		
SUBJECT:	SKy Class Name of Lim	(ommercial ()	oluzzing Inc
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspor	idence concerning this matter	to the following:	
		I frain Martinez	<u></u>
		Name of Person	
		Firm/Company	
	13536	BRICIMON CT. Address	
		Address	
	0	City/State and Zip Code	· · 7
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	cation)
For further information co	ncerning this matter, please co	ill:	
Efficient	MULLINEZ	at () Area Code Daytime	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	e 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	<u>:</u>	Street Address:	×

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section

TO:

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

Sky (blass (ommercial Coluzzina	Tre.
/ N-1 O (ility Company as it now appears on our re ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number <u>LIXOOO 12954</u>	Company were filed on $65/23$	2018. and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		20
(Principal office address MUST BE A STREET ADL	DRESS)	FEE 2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		F PH 3: 55
B. If amending the registered agent and/or register agent and/or the new registered office address here		nter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ac	ddress
	Cin	. Florida
	• •	<i>r</i>

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR.	Silvedo Reyes	13536 BRIGIMEON CT.	□ Add
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