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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : MARTIN ACCOUNTING & TAX SERVICE, INC

Account Number : I20060000012 Phone : (305)826-5886 Fax Number : (305)722-0535

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SKY GLOBAL SUPPORT LLC

Certificate of Status Certified Copy 0 Page Count 01 \$25.00 Estimated Charge

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Help

T. LEMIEUX JUL 14 2023

company has been notified in writing of this change.

13058473293

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SKY GLOBAL SUP	PORT LLC		
(Name of the Limited Liability Company a (A Florida Limited Liabi	il now appears on our records.) (ity Company)		
The Articles of Organization for this Limited Liability Company were Florida document number <u>L18000134248</u>	e filed on <u>06/30/2018</u>	and assigned	
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 C	ompany," the designation "LLC" or the	abbreviation "L.I.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)	<u> </u>	22	
_	<u>.</u>	<u> </u>	
B. If amending the registered agent and/or registered office addi	ess on our records, enter the na	me of the new registers	
agent and/or the new registered office address here:			
		2	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida _	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	Cny	zip Code	
l hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per, accept the obligations of my position as registered agent as prov	formance of my duties, and I am	familiar with and	
heing filed to merely reflect a change in the registered office add			

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	<u>Name</u>	Address	Type of Action
AMBR	SGS HOLDING GROUP, LLC	10808 W 33RD WAY	= Add
		HIALEAH GARDENS, FL 33018	□Remove
			□ Change
			☐ Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
	·		□Add
			□Remove
			□Change

). If ameading any other informat	tion, cater change(s) here: (Attach additional sheets, if necessary.)
· · · · · · · · · · · · · · · · · · ·	
	<u> </u>
	
Effective date, if other than the distinctive date is listed, the date must be Nate: If the date inserted in this bloc document's effective date on the Dep	Late of fillings
he record specifies a delayed effective of ord is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated JULY 12	2023
<u></u>	disture of a member or authorized representative of a member
,	NORMA SESSA CEO
	Typed or printed name of signed