L19000136454

Florida Department of State
Division of Corporations
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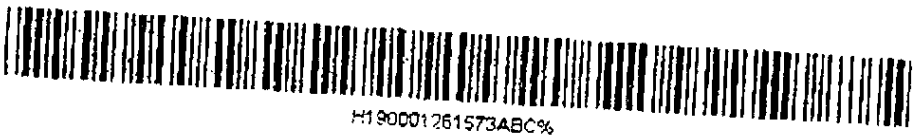

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : BROWARD SOHO SERVICES INC.
Account Number : I20100000080
Phone : (954)366-3850
Fax Number : (954)633-7850

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2019 MAY 10 A 5:58
TALLAHASSEE, FLORIDA

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

Email Address: Taxright7@yahoo.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN
SKY CONDOS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$35.00

Electronic Filing Menu Corporate Filing Menu Help

D SCOTT

MAY 10 2019

FAX

Date:	05/10/2019
Pages including cover sheet:	9

To:	
Phone	
Fax Phone	*(850) 617-6380*

From:	Amelia Basso
	Tax Right
	7708 N STATE ROAD 7 Bay 10
	Margate
	FL 33063
Phone	19543663850
Fax Phone	19546337850

NOTE:

Good Morning,
We have not received the amendment for Sky Condos, this is so important for our client in order she can make business, We appreciate you approved it asap.
Thank you so much

2019 MAY 10 PM 1:20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SKY CONDOS LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

TAHIANA MONSALVE
Name of Person

SKY CONDOS LLC
Firm/Company

490 N LAUREL DR #2-A
Address

MARGATE, FL 33063
City/State and Zip Code

TAXRIGHT7@YAHOO.COM
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

TAHIANA MONSALVE
Name of Person at (646) 461-0057
Area Code Daytime Telephone Number

Enclosed is a check for the 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

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

The Articles of Organization for this Limited Liability Company were filed on 06/01/2018 and assigned Florida document number L18000136954.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SKY PROPERTY LOSS CONSULTING GROUP LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

1079 SW 42ND WAY
DEERFIELD BEACH, FL 33442

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

1079 SW 42ND WAY
DEERFIELD BEACH, FL 33442

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address: 1079 SW 42ND WAY
Enter Florida street address

DEERFIELD BEACH, Florida 33442
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, 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	RASMY MUHAMED	1079 SW 42ND WAY DEERFIELD BEACH, FL 33442	☐ Add ☐ Remove ☐ Change
MGR	TAHIANA MONSALVE	1079 SW 42ND WAY DEERFIELD BEACH, FL 33442 (New Address)	☐ Add ☐ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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2019 MAY 10 A 5:59
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ **(optional)**
(If no effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to §605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated APRIL 16 2019

Signature of a member or authorized representative of a member

TATIANA MONTALVE
Typed or printed name of signee

Filing Fee: $25.00