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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone : (855)330-1010 Fax Number

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 SKO REAL ESTATE INVESTMENTS, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SKO Real Estate Investments, LLC	ny ac it now appears on our records)	****
(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000162973</u> .	were filed on <u>07/05/2018</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
	" C	ahhmaniaring "F. I. C."
The new name must be distinguishable and contain the words "Limited Liabi		aupreviation 1.1
Enter new principal offices address, if applicable:	3030 N. Rocky Point Dr.	
(Principal office address MUST BE A STREET ADDRESS)	STE 150A Tampa FL 33607	~ 6 -
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		6-2 P
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		r the name of the no
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street oddress	
	, Florida _	
	City	Zıp 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
AMBR	Steven Oswald	PSC 2 Box 9855	
		APO, AE 09012	□ Remove
			☐ Change
AMBR	Kasie Oswald	PSC 2 Box 9855	
		APO, AE US 09012	Remove
			Change
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fective date, if other than the da	to of filing:		(optional)	
n effective date is listed, the date must be tee: If the date inserted in this block	specific and cannot be prior	to date of filing or more that	nn 90 days after filing.)	Pursuunt to 605.020 zill not be listed a:
cument's effective date on the Department	rtment of State's records			
record specifies a delayed e	ffective date, but no	ot an effective time	, at 12:01 a.m. o	n the earlier o
The 90th day after the record	is filed.		•	
August 2	2018			
		<u> </u>		
		orized representative of a		

Page 3 of 3

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