

L18000166215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

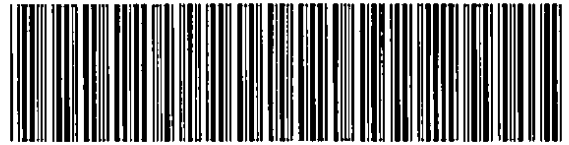
(Business Entity Name)

(Document Number)

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2018 AUG 27 PM 1:08

SECRETARY OF STATE  
TALLAHASSEE, FL

065-18

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SKT Enterprises 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:

Keri Tutterrow  
Name of Person

Firm/Company

9700 Quail Hollow Rd  
Address

North Fort Myers FL 33917  
City/State and Zip Code

Keriahn2012@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JHGJHGJKHGKKK at (239) 281-3725  
Name of Person 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**

SKT Enterprises 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 7/10/2018 and assigned Florida document number L18000166215.

This amendment is submitted to amend the following:

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

Clean Bins-ECO LLC

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

**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:

*Enter Florida street address*

Florida

*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**

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TALLAHASSEE, FL

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>	<u>Address</u>	<u>Type of Action</u>
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<del>MGR</del>	<del>Tanya Siciliano</del>	<del>Peterson Blvd</del>	<input type="checkbox"/> Add
		<del>Cape Coral FL</del>	<input checked="" type="checkbox"/> Remove

MGR	Tanya Siciliano	9700 Quail Hollow Rd	<input type="checkbox"/> Add
		North Fort Myers FL	<input checked="" type="checkbox"/> Remove
		33917	<input type="checkbox"/> Change

			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

SECRET  
TALL

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an 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 605.020 (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.

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2018 AUG 27 PM 4:07  
SECRETARY OF STATE  
TALLAHASSEE, FL  
Pursuant to 605.02(3)(b),  
this document is not to be listed as the

(b) The 90th day after the record is filed.

Dated August 18, 2018



Signature of a member or authorized representative of a member

Keri Tutterow

Typed or printed name of signee