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COVER LETTER

	tegistration Sec Division of Corp			
er nin er		VICES, LLC		
SUBJECT	ı:	Name of Lim	ited Liability Company	
The enclos	sed Articles of z	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ırn all correspo	ndence concerning this matter	to the following:	
		FERNANDO SILVA		
			Name of Person	
		SKYTRUST ENTERPRIS	BE, LLC	
			Firm/Company	
		10349 COVENTRY CT		
			Address	
		BOCA RATON, FL 33428	8	
			City/State and Zip Code	
		FERNANDO@SKYTRUS	TENTERPRISE.COM	
		E-mail address: (to be used for future annual report notif	ication)
For further	information ec	oncerning this matter, please ca	all:	
FERNAN	DO SILVA		561 463-2557	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed i	s a check for th	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:

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

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treet address
Pt

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

Zip Code

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>	Name	Address	Type of Action
MGR	RICARDO S. DOS SANTOS	491 NW 42ND AVE	= Add
	<u>.</u>	COCONUT CREEK, FL 33066	Add
			Remove
			Change
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ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date o	of filing or more than 90 day	(optional) s after filing.) Pursuant to	605.020
ite: If the date inserted in this block does not meet the applicable statement's effective date on the Department of State's records.	tutory filing requirement	s, this date will not be	listed a
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record specifies a delayed effective date, but not an el	ffective time, at 12:	01 a.m. on the ea	rlier (
The 90th day after the record is filed.			
SEPTEMBER 12 2018			
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Consig L. Rin	rivo des	Sentus	
		- = 11122	_
Signature of a member or authorized re	presentative of a member		

Page 3 of 3

Filing Fee: \$25.00