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	egistration Se division of Cor		<u>:</u> >	<i>:</i>
SUBJECT	FARINACC	CI SKY, LLC		
		Name of Lim	ited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please retu	rn all correspo	ondence concerning this matter	to the following:	
		CAROLINA HOUSTON		
			Name of Person	
		FARINACCI SKY, LLC		
			Firm/Company	
		2438 FOWLER STREET		
			Address	
		FORT MYERS, FL 33901		
			City/State and Zip Code	
		joehouston1@yahoo.com		
		E-mail address: (t	to be used for future annual report notif	ication)
For further	information co	oncerning this matter, please ca	all:	
JOSEPH H	HOUSTON		239 464-6200	
	Name of	f Person	at () Area Code Daytimo	Telephone Number
Enclosed is	a check for th	ne 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

FARINACCI SKY, LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v	were filed on	and assigned
 		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabil</u>	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		20 20
	<u> </u>	2
Enter new mailing address, if applicable:	<u> </u>	
Mailing address MAY BE A POST OFFICE BOX)	· r	T
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		m .
If amending the registered agent and/or registered offi egistered agent and/or the new registered office address here:	ice address on our records, <u>enter</u> :	the name of the n
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

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>	Type of Action
MGR	JOSEPH HOUSTON	2438 FOWLER STREET FORT MYERS, FL 33901	
			X Remove
	ARIEL ANTONIO CRUZ-		
MGR	SANTIAGO		S SAdd
			PRemove'
			(/ C Dange
			
			□ Remove
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			——————————————————————————————————————
Effective date, if other than the If an effective date is listed, the date mus	t be specific and cannot be prior to date of	of filing or more than 90 days	optional) after filing.) Pursuant to 605.02
Note: If the date inserted in this bl document's effective date on the D	ock does not meet the applicable sta	tutory filing requirements	this date will not be listed
ne record specifies a delayed The 90th day after the rec	l effective date, but not an e ord is filed.	ffective time, at 12:()1 a.m. on the earlier
Dated	2020		
	the colorest	presentative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00