

L1800023141Z

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

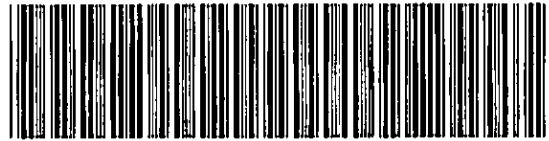
(Business Entity Name)

(Document Number)

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11/09/20--01029--020 **25.00

R. WHITE
DEC 10 2020

713 6-710-21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MSK TEAM 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:

KIMBERLY SMISTERRA OR SARAH JOHNSON
Name of Person
SK PROPERTIES
Firm/Company
3621 NW 18 TERR
Address
GAINESVILLE, FL 32605
City/State and Zip Code
SKPROPERTIESCONTACT@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sarah Johnson or Kimberly Smisterra at () respectively 352-370-0192 or (352)318-7175
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

2013-10-10 10:00

MASK Team 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 10/1/2013 and assigned
Florida document number 1300023742.

This amendment is submitted to amend the following:

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

SK PROPERTIES 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:

3621 NW 13TH TERR

(Principal office address MUST BE A STREET ADDRESS)

Gainesville, FL 32605

Enter new mailing address, if applicable:

3621 NW 13TH TERR

(Mailing address MAY BE A POST OFFICE BOX)

Gainesville, FL 32605

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:

Kimberly Smisterra

New Registered Office Address:

3621 NW 13TH TERR

Enter Florida street address

Gainesville

32605

, 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.

KIMBERLY SMISTERA

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

[illegible]

[illegible]

(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 605.0207 (3)(b)

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.

10 | 3 | 20

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00