# 11800268105

(Re	equestor's Name)	
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## COVER LETTER.

TO: Registration Se Division of Cor			
SUBJECT: SKY	Leach Constru	ction LLC ited Liability Company	<del> </del>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Adrian U	idaletan	
	Middleton	Name of Person  Middle Low	
	7 10000000	Firm/Company	· · · · · · · · · · · · · · · · · · ·
	1469 Mart	Let Street Address	
	Tallahasse	e FL 3031 C	
	Service Swor	-danskield-con to be used for future annual report notific	cation)
For further information co	oncerning this matter, please ca	all:	
Adrian Miname o	idultan ferson	at ( <u>Ø50</u> ) <u>728 - G</u> Area Code Daytime	2465 Telephone Number
Enclosed is a check for the	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	当りて
Sky Reach Co	onstruction, CLC	ASSET
( <u>Name of the Limited Lia</u> (A Fic	ability Company as it now appears on our record orida Limited Liability Company)	ds.) 3
The Articles of Organization for this Limited Liabilit	ty Company were filed on 11/16/1	and assigned
Florida document number <u>(1800) Lu8105</u>	5	
This amendment is submitted to amend the following	<b>z</b> :	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	Limited Liability Company," the designation "Ll.C	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AL	ODRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		
	<del></del>	
B. If amending the registered agent and/or registered agent and/or the new registered office a		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre.	5.5
		orida
_	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

Title	Name Michael Friery	Address Longwood 19 Bongalana Dr	Type of Action
1-1/10/6	1 monael Priory	19 Congressing Ur	🗹 Add
		Shalimar, FL 32579	l □ Remove
			Change
<u>AMBR</u>	Share Lamantia	Ilele Dominica Ct	_\D\Add
		Miramar Beach, FL	Remove
		32550	Change
			Add
			□ Remove
		· · · · · · · · · · · · · · · · · · ·	Change
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			Remove
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			□ Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing:
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed.
Dated November 13. 2019.
Signature of a member or authorized representative of a member
Adrian Middle Aon Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00