

L1900000 8099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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☐

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(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____



Special Instructions to Filing Officer:

Received faxed correction on
2/22/19 to correct Entity Name.

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FILED
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N/C



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 11, 2019

TIMOTHY WOODALL
SKY RIDGE, LLC
PO BOX 551693
DAVIE, FL 33355

SUBJECT: SKY RIDGE, LLC
Ref. Number: L19000008099

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

FOR ITEM A, PLEASE REVIEW THE ENTITY NAME FOR ACCURACY AND RESUBMIT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 019A00002925

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SKY RIDGE, 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:

TIMOTHY WOODALL

Name of Person

SKY RIDGE, LLC

Firm/Company

PO BOX 551693

Address

DAVIE, FL 33355

City/State and Zip Code

INVESTMENTMANAGER15@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TIMOTHY WOODALL

954

882-4158

at (_____) _____

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**

SKY RIDGE, 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 01-07-2019 and assigned
Florida document number L19000008099.

This amendment is submitted to amend the following:

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

SKY RIDGE 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:

(Principal office address MUST BE A STREET ADDRESS)

4900 S. UNIVERSITY DR.

SUITE 207 D-1

DAVIE, FL 33328

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. BOX 551693

FORT LAUDERDALE, FL 33355

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:

4900 S. UNIVERSITY DR., SUITE 207 D-1

Enter Florida street address

DAVIE

City

Florida 33328

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>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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E. Effective date, if other than the date of filing: _____ (optional)

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.

Dated JANUARY 11, 2019

TIMOTHY WOODALL

Typed or printed name of signer