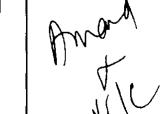
## 4900000 8099

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
special Instructions to  Received faxe  2/22/19	Filing Officer: I correction Correction	- cn Entity vame
		8

Office Use Only

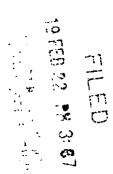




100323831341

01/31/19--01019--007 \*\*30.00

S TALLENT FEB 22 2019





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.

Letter Number: 019A00002925

Susan Tallent Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

TO: Registration Se Division of Cor			
SKY RIDO			
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	TIMOTHY WOODALL		
		Name of Person	
	SKY RIDGE, LLC		
		Firm/Company	11.00
	PO BOX 551693		
		Address	<del></del>
	DAVIE, FL 33355		
	INVESTMENTMANAGER	City/State and Zip Code R15@YAHOO.COM	<i>√</i>
	E-mail address: (	to be used for future annual report not	fication)
For further information of	concerning this matter, please c	all:	
TIMOTHY WOODALL		954 882-4158 at ( )	
Name o	of Person		ne Telephone Number
Enclosed is a check for t	he 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		
( <u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our records,) mited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Con-	npany were filed on 01-07-2019	and assigned
Florida document number		g,,, <b></b>
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d 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 al	obreviation "L. L.C."
Enter new principal offices address, if applicable:	4900 S. UNIVERSITY DR.	
(Principal office address MUST BE A STREET ADDRES	SUITE 207 D-1	
•	DAVIE, FL 33328	
		7, 3
Enter new mailing address, if applicable:	P.O. BOX 551693	
(Mailing address MAY BE A POST OFFICE BOX)	FORT LAUDERDALE, FL 33355	<u>.</u>
		5 7 2
B. If amending the registered agent and/or registere registered agent and/or the new registered office address  Name of New Registered Agent:	ed office address on our records, <u>enter</u> <u>s here</u> :	the name of the new
Nov. Basistand Office Address. 4900 S. U	JNIVERSITY DR., SUITE 207 D-1	
New Registered Office Address: 4900 S. U	Enter Florida street address	
DAVIE	Florida 33	3328
	City	Zīp 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 familian 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, <u>enter the title, name, and address of each person\_being addor removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
			Add
			□ Remove
	. )		☐ Change
			Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
			Change
			Remove
			Change
			Add
•			☐ Remove
			Add
			☐ Remove
			□ Change

). If amending any other informa-	ion, enter change(s) here: (A	Attach additional sheets, if necessary.)	
			<del>.</del>
			<del></del>
			<del></del>
			<del></del>
E. Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this bidocument's effective date on the D	lock does not meet the applicable	(optional)  date of filing or more than 90 days after filing.) It is statutory filing requirements, this date w	Pursuant to 605,0207 (3)(1 ill not be listed as the
f the record specifies a delaye b) The 90th day after the rec	d effective date, but not a cord is filed.	in effective time, at 12:01 a.m. o	n the earlier of:
Dated	2019		
T. Nord	Signature of a member or authoriz	ted representative of a member	- <del> </del>
TIMOTHY WOODAL	l.		
	Typed or printed r	name of signee	<u> </u>

Page 3 of 3

Filing Fee: \$25.00