

L19 000000 8099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900422738229

01/29/24--01011--020 **25.00

2024 JAN 29 AM 9:04
RECEIVED
MAIL ROOM
1000

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SKY RIDGE PROPERTIES, 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:

Adaish Jangbahadoor

Name of Person

Firm/Company

P.O. Box 551651

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:

Adaish Jangbahadoor

954 647-2823
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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee

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

SKY RIDGE PROPERTIES, 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:

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)

12555 Orange Dr. #4075

Davie, FL 33330

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 551651

Davie, 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:

Adaish Jangbahadoor

New Registered Office Address:

12555 Orange Dr. #4075

Enter Florida street address

Davie

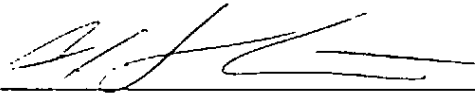
City

, Florida 33330

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 or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Timothy Woodall	12555 Orange Dr. #4176	<input type="checkbox"/> Add
		Davie, FL 33355	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Chandra Jangbahadoor	12555 Orange Dr. #4176	<input type="checkbox"/> Add
		Davie, FL 33355	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Adaish Jangbahadoor	12555 Orange Dr, #4075	<input checked="" type="checkbox"/> Add
		Davie, FL 33330	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2024 JUN 29 AM 9:04
SECURITY

2006 JAN 29 AM 9:04
SUNNY 100% 100%
SUNNY 100% 100%

2021 JAN 29 AM 9:04

(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)

Dated January 2, 2024

Adaish Jangbahadoor

Typed or printed name of signee