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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	SKYIG Rae Name of Lim	House of Regulated Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	<u>Hassandra</u>	Jeanty Name of Person	
		Firm/Company	
	1835 36"	Address	
	E-mail address: (LILY/State and Zip Code Je Shey C. Gmark to be used for future annual report notifi	I. Com fication)
For further information c	oncerning this matter, please ca	all:	
Name o	ICE Jeanty Person	at (<u>561</u>) <u>670</u> Area Code Daytime	-9914 e Telephone Number
Enclosed is a check for th	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 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

Shyla Rae House (Name of the Limited Liability Company (A Florida Limited Liability Company)	y as it now appears on our records.)
The Articles of Organization for this Limited Liability Company we Florida document number $\frac{LP1000112199}{}$	vere filed on APCV 24, 7019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	
The new name must be distinguishable and contain the words "Limited Liability"	y Company," the designation "LLC" or the abbreviation "L.L.C."
	1535 36th Ave Vero Brach F1 3760
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	18 35 36th Ave Vero Beach Fl 32560
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our records, enter the name of the new registered
Name of New Registered Agent: 183	SIG JEGNTY = ITT
Ve	SIG Jegnty Significantly Enter Florida street address O Boach, Florida 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>	Address	Type of Action
MGR	Sharelle Stringer	1835 36th Au Vero Brach	1 32960 - 32960
			🗖 Remove
			□Change
			□ Add
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			🗆 Add
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			□Remove
			□ Change

		
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n effective He: If the	te, if other than the date of filing:	207 Las
ecord spe is filed.	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t	the
ted	# March 3 , 2020	
	Signature of a member or authorized representative of a member	
	hassandra Jeanty Typed or printed name of signee	