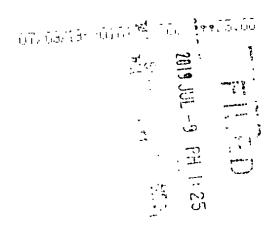
119000131444

(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



600331624096



Y SULKER JUL 18 2019

COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Divi	ision of Cor	porations						
SUBJECT:	SKYWORKS RESEARCH LLC							
SUBJECT.		Name of Lin	nited Liability Company					
The enclosed	Articles of	Amendment and fee(s) are sul-	omitted for filing.					
Please return	all correspo	ondence concerning this matter	to the following:					
		Scott Kochik						
		SKYWORKS RESEARCH	Name of Person LLC / SKYLINE BIOTECH LLC					
		4754 SE Bollard Ave	Firm/Company					
		Stuart, FL 34997	Address					
	City/State and Zip Code scott.kochik@me.com							
		E-mail address: (to be used for future annual report no	tification)				
For further in	formation c	oncerning this matter, please c	all:					
Scott Kochil	k		772 321-1857					
	Name o	f Person		ne Telephone Number				
Enclosed is a	check for th	ne following amount:						
≘ \$25,00 Fi	lling 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)				
	Registr	ING ADDRESS: ation Section n of Corporations	STREET/COUR Registration Secti Division of Corp.	on				

Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SKY	٦Λ.	\cap D	VC.	CE	۸D	\sim	- 1	-
SNI	٧V		r_{2}	○ □	мπ	\cup \cap	ᆫ	レレ

(<u>Name of the Limite</u> (d Liability Compa A Florida Limited	nny as it now appears on our reco Liability Company)	ords.)	
The Articles of Organization for this Limited Lia Florida document number L19000131444	ability Company	were filed on 15 May 2019	an	nd assigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
SKYLINE BIOTECH LLC				
The new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the designation "L	LC" or the abbreviation	on "L.L.C."
Enter new principal offices address, if applica	ble:	4754 SE Bollard Ave		
(Principal office address MUST BE A STREET	"ADDRESS)	Stuart, FL 34997		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	(OX)	4754 SE Bollard Ave Stuart, FL 34997	70 S	2010
B. If amending the registered agent and/o registered agent and/or the new registered off	r registered of ice address here	ffice address on our recor e:	rds, enter the na	Afficience of the ne
Name of New Registered Agent:	Scott Kochik			
New Registered Office Address:	4754 SE Bolla	rd Ave Enter Florida street addi	Map of the	
	Stuart		Florida	
		Cuy	Zip C	iode

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.

f 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
			Add
			□ Remove
			Change
			☐ Remove
			Change
			tenove
			Change
			□ Add 22
			☐ Change
			□ Remove
			☐ Change
			Remove
			□ Change

D. It amending any other information, enter change(s) here: (Attach additional sheets, 1) hecessary)
P. P.
23
E. Effective date, if other than the date of filing:
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of (b) The 90th day after the record is filed.
Dated 05 July 2019
Signature of a member or authorized representative of a member
Scott Kochik
Typed or printed name of signce

Page 3 of 3

Filing Fee: \$25.00