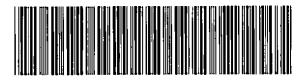
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COVER LETTER

TO: Registration S Division of Co			
NEO TR	UCKS LLC		
SUBJECT:	 -		
	Nune of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing	
Please return all corresp	ondence concerning this matter	to the following:	
	MARIA RUIZ		
		Name of Person	
	NEO TRUCKS LLC		
		Finn/Company	
	7500 NW 25TH ST STE	237	
	 _	Address	
	DORAL, FL33122		
	mariaruiz799@hotmail co	City/State and Zip Code	
	E-mail address: (to be used for future annual report non	fication)
For further information of	concerning this matter, please c	all:	
Pablo Ruiz		305 2970853	
Name o	of Person	at () Area Code Daytin	e Telephone Number
Enclosed is a check for a	he following amount:		
■ \$25 00 Filing Fee	S30 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 Addres		Street Address:	
Registration :		Registration Sec	ction
Division of C		Division of Cor	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Marka 6 M 8:38

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEO TRUCKS LLC	
(Name of the Limited Limbit (A Florid	ty Company as it now appears on our records,) Limited Liability Company)
The Articles of Organization for this Limited Liability Office of Organization for this Limited Liability Office of Communication of Communica	ompany were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ted liability company here:
SKYLORD LLC	
The new name must be distinguishable and contain the words "Lin	ited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7500 NW 25TH ST SUITE 237
Principal office address MUST BE A STREET ADD	ESS) DORAL, FL 33122
Enter new mailing address, if applicable:	7500 NW 25TH ST SUIFE 237
Mailing address MAY BE A POST OFFICE BOX)	DORAL, FL 33122
B. If amending the registered grent and/or registere	office address on our records, enter the name of the new regist
igent and/or the new registered office address here:	Control of the name of the new regist
Name of New Registered Agent;	
	NAV 2 SPD CP CHEEF 312
New Registered Office Address: 7500	NW 25TH ST SUITE 237
	Enter Florida street address
DOR	Florida
	City 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> Name. <u>Address</u> Type of Action _____ DAdd ______ DRemove ______ □Remove _____ □Change ____ 🗀 Add _____ □Remove ______ □Change _____ □Remove

	<u>. </u>		
			
			
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ffective date, if other than the d an effective date is listed, the date must ote: If the date inserted in this bloc scument's effective date on the Dep	k does not meet the applicable statu	(optional) filing or more than 90 days after filing) Pu tory filing requirements, this date wil	rsuant to 605 020 Unot be listed as
record specifies a delayed effective is filed.	date, but not an effective time, at 12:	:01 a m on the earlier of (b) The 90)th day after the
February 1st	2020		
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Filing Fee: \$25.00