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Electronic Filing Menu

Corporate Filing Menu

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: SKYPLUS, 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:

GERMAN ROJAS

Name of Person

Finn/Company

1820 N CORPORATE LAKES BLVD, STE 204

Address

WESTON, FL 33326

City/State and Zip Code

germanrojas01(@yahoo.com

E-mail address: (to be used for future annual report notification)

or further information concerning this matter, please call:

ERMAN ROJAS

954 6558281 Name of Person Area Code Doytime Telephone Number

closed is a check for the following amount:

■ \$25.00 Filing Fee

Certificate of Status

 S55.00 Filing Fee & Certified Copy (additional copy is enclosed)

S60.00 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

(Name of the Limit	SKYPLUS, LLC ed Liability Company as it now as (A Florida Limited Liability Compa		
The Articles of Organization for this Limited Life Florida document number <u>L19000306152</u>	ability Company were filed on	12/17/2019	and assigned
This amendment is submitted to amend the follow	wing.		-
A. If amending name, enter the new game of t	the limited liability company	hana	
in the must be distinguishable and contain the wor	ds "Limited Liability Commun."		_
The new name must be distinguishable and contain the wor Enter new principal offices address, if applicab	1464	e designation "LLC" or the	abbreviation "L.L.C."
(Principal office address MUST BE A STREET,	ADDRESSI		
			- 22
Enter new mailing address, if applicable:			<u> </u>
Mailing address MAY BE A POST OFFICE BO	<u>X</u>		
If amending the registered agent and/or registered agent and/or registered office address here	stered office address on our r ere:	ecords, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:	_		
New Registered Office Address:			
	Enter Flor	ida street address	
		, Florida	
W Registered Agene's Signature 15	City		Zip Code

w Registered Agent's Signature, if changing Registered Agent:

ereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the wisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and "ept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ng filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

MGR = MBR =	Manager Authorized Member	to manage, <u>enter the title, name, and ad</u>	the person being a
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) . Effective date, if other than the date of filing: (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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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 July 7 2020 Dated _____

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Signature of a member or authorized representative of a member

CLAUDIA CORREA

Typed or printed name of signer

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ord spe filed,	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	July 7 2020
	Claudia Correa
	Signature of a member or authorized representative of a member
	CLAUDIA CORREA Typod or printed name of signce