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## **COVER LETTER**

TO: Registration Section

Division of Corporations				
SKYLA PL	ETROLEUM LLC			
SUBJECT:	Name of Lim	ited 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:		
	ANDRES HURTADO			
		Name of Person		
	PRODEZK INC			
		Firm/Company	<del> </del>	
	5040 NW 7TH ST SUITE	705		
		Address		
	MIAMI FLORIDA 33126			
	INFO@PRODEZK.COM	City/State and Zip Code		
	<del>-</del>	to be used for future annual report not	ification)	
For further information c	oncerning this matter, please c	all:		
ANDRES HURTADO		786 2338521 at ( )		
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	he 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 9	Section	Street Address: Registration Se		
Division of C P.O. Box 632		Division of Co The Centre of		
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SKYLA PETROLEUM LLC

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(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 FEBRUARY 11, 2020 and assigned 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

## 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.

City

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 will 0, 10 f.	5: LType of Action
MGR	MARIA G PROANO		□Add
		5040 NW 7TH ST MIAMI, FL 33126	_
			🗀 Change
MGR	EDWIN O ORNA		□Add
		5040 NW 7TH ST MIAMI, FL 33126	Remove
			□Change
MGR	EDISON O ORNA HERNANDEZ	5040 NW 7TH ST MIAMI, FL 33126	<b>=</b> Add
			Remove
			Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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active date if other than the date of filings	(antional)
effective date is listed, the date must be specific and cannot be pr	(optional) rior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (
e: If the date inserted in this block does not meet the app	plicable statutory filing requirements, this date will not be listed as t
ument's effective date on the Department of State's recor	rds.
ord specifies a delayed effective date, but not an effective	e time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
s filed.	
October 06 2020	
ed October 06 2020	<del></del>
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Typed or printed name of signee