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To:

Division of Corporations

Fax Number

: (850)617-6383

From.

Account Name : ARSENAULT LAW OFFICES

Account Number : 075350000225 Phone : (727)584-1199 Fax Number : (727)586-1071

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: info@geimvipi . com

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MAR 25 2020

COVER LETTER

TO: Registration Sec Division of Corp						
T T T T T T T T T T T T T T T T T T T	C, A FLORIDA LIMITED LIA	ABILITY COMPANY				
SUBJECT:	Name of Limi	ted Liability Company				
The enclosed Articles of a	Amendment and fee(s) are subr	nitted for filing.				
Please return all correspon	ndence concerning this matter t	o the following:				
		PETER GEBAVI				
		Name of Person				
		Firm/Company				
	11	80 GULF BLVD., STE. 1602				
		Address Address				
	С	LEARWATER, FL 33767				
		City/State and Zip Code info@gebavipi.com				
	E-mail address: (t	o be used for future annual report notific	ation)			
For further information co	oncerning this matter, please ca	H:				
KENNETH O. ARSENA	ULT, JR.	727 584-1199 at ()	-			
Name of	f Person	Area Code Daytime	Telephone Number			
Enclosed is a check for th	e following amount:					
■ \$25.00 Filing Fee	□ \$30.00 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 Addres	<u>s:</u>	Street Address: Registration Sect	ion			

Registration Section Division of Corporations P.O Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SKE 36, LLC, A	FLORIDA LIMIT	TED LIABILITY CO	OMPANY	
(Name of the Primite	A Florida Limited I	ny as it now appears Liability Company)	<u> </u>	
The Articles of Organization for this Limited Lia	bility Company	were filed on	02/26/2020	and assigned
Florida document numberL20000059575				
This amendment is submitted to amond the follow	wing:			2020
A. If amending name, enter the new name of	the limited liab	ility company her	<u>e</u> ;	一点
The new name must be distinguishable and contain the wo	ids "Limited Liabi	lity Company," the dea	ignation "LLC" or the a	bbreviation "L.L.C"
Enter new principal offices address, if applica			•	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		limited liability company here: Z840 WEST BAY DRIVE SUITE 345 BELLEAIR BLUFFS, PL 33770 Z840 WEST BAY DRIVE SUITE 345 BELLEAIR BLUFFS, FL 33770 Z840 WEST BAY DRIVE SUITE 345 BELLEAIR BLUFFS, FL 33770 Z840 WEST BAY DRIVE SUITE 345 BELLEAIR BLUFFS, FL 33770 Z840 WEST BAY DRIVE SUITE 345 BELLEAIR BLUFFS, FL 33770 Z840 WEST BAY DRIVE SUITE 345 BELLEAIR BLUFFS, FL 33770 Z840 WEST BAY DRIVE SUITE 345 BELLEAIR BLUFFS, FL 33770 Z840 WEST BAY DRIVE SUITE 345 BELLEAIR BLUFFS, FL 33770		
[Time.pur office and		BELLEAIR BLU	FFS, FL 33770	<u> </u>
The appropriate address if annicables		2840 WEST BAY	Z DRIVE	
Enter new malling address, if applicable: (Malling address MAY BE A POST OFFICE BOX)	ROX)	SUITE 345		
Maning quaress MAL BEALOUT OF TION		BELLEAIR BLUFFS, FL 33770		
B. If amouding the registered agent and/or reagent and/or the new registered office address	gistered office here:	address on our rec	cords, <u>enter the nar</u>	ne of the new registered
Name of New Registered Agent:	R. RICHARD	BRUNO		
New Rogistered Office Address:	2840 WEST BAY DR., SUITE 266			
1000 3000,000	Enter Florida street address			
	BELLEAIR BI	LUFPS	Florida 3.	3770
		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

- - - -

Mar. 24. 2020 2:34PM Arsenault Law Offices) COO 1804 5 No. 8318 P. 4

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

Title	Name	Address	Type of Action
			□Add
			□Remove
			□ Change
			□ Add 2020 Demove
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locument'	s effective date or	the Departmen	nt of State's reco	rds.			
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Monted	ARCH 24		, 2020	· '			
			1	authorized representati	ive of a member		

Filing Fee: \$25.00