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RECRETARY OF STATE

SECRETARY OF STATE

COVER LETTER

I'O: Registration Sec Division of Corp			
	KITES MIAMI LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	JACQUELINE FOSTER		
		Name of Person	
		Firm/Company	
	32 SW 11TH ST		
		Address	
	HALLANDALE BEACH,	FL 33009	
	JFOST17@YAHOO.COM	City/State and Zip Code	
	= '	to be used for future annual report notific	cation)
For further information co	oncerning this matter, please ca	all:	
JACQUELINE FOSTER		954 457-9009	
Name o	f Person	at () Area Code Daytime	Telephone Number
nclosed is a check for th	ne 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 Addres		Street Address: Registration Section	da.

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

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

SKYWARD KITES MIAMI LLC		
(Name of the Limited Liability Compa (A Florida Limited l	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L20000113400	were filed on 4/27/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	10800 COLLINS AVENUE	SE SE
(Principal office address MUST BE A STREET ADDRESS)	MIAMI BEACH, FL 33154	PR & TI
		
Enter new mailing address, if applicable:		Y OF S
Mailing address MAY BE A POST OFFICE BOX)		75 -
		17
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new registere
Name of New Registered Agent:	····	
New Registered Office Address:	Enter Florida street address	
	, Florie	da
	City	Zip Code
Registered Agent's Signature, if changing Registered Agent:		

by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and 'the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 'iled to merely reflect a change in the registered office address, I hereby confirm that the limited liability y has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

.. 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
AMBR	JACQUELINE FOSTER	32 SW 11TH ST	= Add
		HALLANDALE BEACH, FL 33009	□Remove
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			□Change
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	suant to 605.020
If the date inserted in this block does not meet the applicable statutory filing requirements, this date will ent's effective date on the Department of State's records.	not be listed a
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ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on	the earlier
90th day after the record is filed.	
1 tot	
June 1 ⁵⁷ . 2020 .	
June 1st 2020. Signature of a member or authorized representative of a member	
Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00