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| PICK-UP WAIT MAIL                       |  |  |  |
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| (Business Entity Name)                  |  |  |  |
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| Certified Copies Certificates of Status |  |  |  |
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| Special Instructions to Filing Officer: |  |  |  |
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EXELABASSE: TO A



## **COVER LETTER**

| TO: Registration Section Division of Corporations  |
|--|
| SUBJECTS The House 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:  |
| Neshka L. Howard Name of Person  |
| SKHY Bleu Trust and Holding LLC  |
| 213 Cushman Street   |
| Pensacola, Florida, 32505<br>City/State and Zip Ende   |
| the house of deshkah of amail, (on E-mail address: (to be used for full report notification)   |
| For further information concerning this matter, please call:   |
| Name of Person at (850) 549-5980 Area Code Daytime Telephone Number  |
| Enclosed is a check for the following amount:  \$\sum_{\color=0}^{\infty} \setminus \color=0.00 \text{Filing Fee & } \square \setminus \setminus \color=0.00 \text{Filing Fee & } \square \setminus \setminus \color=0.00 \text{Filing Fee}, |
| Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)  |
| Mailing Address:  Registration Section  Street Address:  Registration Section  |

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

| The House of Neshka Howard LLC  (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 Florida document number $\frac{12000125851}{1}$ .                                | were filed on $\frac{Mac}{8}$ $\frac{8}{2020}$ and assigned      |  |  |  |
| This amendment is submitted to amend the following:  |  |  |  |  |
| A. If amending name, enter the new name of the limited liab  |  |  |  |  |
| The new name must be distinguishable and contain the words "Limited Liabil   | ity Company," the designation "LLC" or the abbreviation "L.L.C." |  |  |  |
| Enter new principal offices address, if applicable:  | 213 Cushman Street   |  |  |  |
| (Principal office address MUST BE A STREET ADDRESS)  | Pensacola, Florida 32505   |  |  |  |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  | 3001 north Davis Hwy<br>#2201<br>Pensacola, Florida 32503        |  |  |  |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:                              | nddress on our records, enter the name of the new registered     |  |  |  |
| Name of New Registered Agent: SKHY B   | Deu Trust and Holling LIP.                                       |  |  |  |
| New Registered Office Address: 213 C   | Shows 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.

Meshka Leteward Shu Blew Trust and Alleg LC If Changing Registered Agent, Signature of New Registered Agent

\_\_\_\_\_. Florida \_

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                                       | Type of Action |
|--------------|------------------------------|---|----------------|
| MGR          | SKHy Blentrust and Holding L | c 213 Lushman Street                          | ZAdd           |
|              | , G                          | C 213 Lushman Street Pensacola, Florida 32505 | □Remove        |
|              |                              |   | lÆChange       |
| AMBR         | Neshka L. Howard             | 213 CuShman Street                            | Zī Xīdd        |
|              |                              | Pensacola, FL 32505                           | □Remove        |
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| D. If amending any other information, enter change(s) here: (Attach additional sheet   | ts, if necessary.)                         |                  |
|--|--|------------------|
| Change Principal address to 213 Cushman Stra   | ert Pensacr                                | ola Florida 326  |
| Change of Phone to 850-549-5980 Change of Registered agent address to 213 l'ushra Mailing Address Remains - 3001 north Davis   |  |                  |
| Of a Committee of the c | <u> </u>                                   |                  |
| Change a Kegustered agent Uddrum to 210 Lushin   | un Street la                               | 2050coky 1325    |
| Mailing Address Remains - 3001 north Davis   | Hwy #220                                   | 1 Pensacola FL   |
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| E. Effective date, if other than the date of filing: 0.4.13.2023  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90.  Note: If the date inserted in this block does not meet the applicable statutory filing requiren document's effective date on the Department of State's records.   |  |                  |
| f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl ecord is filed.  | lier of: (b) The 90                        | th day after the |
| Dated October 13 . 2023.   |  |                  |
| Signature of a member of authorized representative of a member of authorized pame of signer  | )er  | <del></del>      |
| NESHKA L. HOWATA Typed or printed name of signee   |  |                  |