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2/8/21

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Limit less 5Ky Real Fest Cite 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:
Name of Person
Limitless SKy Real Estate 210
+227 Bee Ridge 2d
City/State and Zip Code Katy Olva hall can E-mail address: (to be used for future annual report notitication)
'or further information concerning this matter, please call:
Name of Person Name of Person Ancia 100 at (941) 536.70 91 Area Code Daytime Telephone Number
nclosed is a check for the following amount:
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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

Limitless SKY Real Fstate LLC.

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	inv as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2000 1264</u> 5	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
nter new mailing address, if applicable: **Initial Control of the Initial Control of the I	7021 JAM - LL E D
If amending the registered agent and/or registered office and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida Zip Code

egistered Agent's Signature, if changing Registered Agent:

y accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons 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 led 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

11 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	Matyy. Oliva Anariba	Address 4227 Bee Ridg Rd Sajasoka FL 34233	□Add
Membe			□Remove
			Change
			□Add
			□Remove
			□Change
			DAdd
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			Ghange CO Add
			□Remove
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Amending any other information, enter change(s) here: (Anach ad	
Trom HOR to AMBR	1. Or 1101 11 10
FIDE MILITE CO. FILLING	is Hitle is AMB
Dy Mary Y. Dave anan	1/2, HTK 13 AP(1)
	2021
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	⇔
	· ‡ -
te date, if other than the date of filing:	or more than 90 days after filing.) Pursuant to be
specifies a delayed effective date, but not an effective time, at 12:01 ad.	a.m. on the earlier of: (b) The 90th day aft
Occember 23 2020	
Signature of a metaber or authorized represent	tative of a member