120000157949

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COVER LETTER

TO:

TO: Registration Se Division of Cor			
EIGHTYFO	OUR TWENTYFIVE SKC LL	С	
30bJEC1.	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:	
	RONALD W TESMOND		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	EIGHTYFOUR TWENTY	FIVE SKC LLC	
		Firm/Company	
	13616 Guildhall Cir		
		Address	
	Orlando, FL 32828		
		City/State and Zip Code	
	8425SKC@gmail.com		
	E-mail address: (to be used for future annual report noti	ification)
For further information c	oncerning this matter, please c	all:	
Ron Tesmond		708 280-7558	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	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 Registration S		<u>Street Address:</u> Registration Se	vetion
Division of C		Division of Co	
P.O. Box 632	.7	The Centre of T	Γallahassee
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 AUG 12 AH 7: 28

If Changing Registered Agent, Signature of New Registered Agent

(Name of the Limited Linbility Company		
(Name of the Limited Liability Company (A Florida Limited Lia	ability Company)	
The Articles of Organization for this Limited Liability Company we Florida document number L20000157949	vere filed on JUNE 09, 2020	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbr	viation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our records, enter the name	of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and I am fai ovided for in Chapter 605, F.S. Or, if	niliar with and this document is

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 2020 AUG 12 AH 7: 28	Type of Action
AMBR	RONALD W TESMOND	13616 Guildhall Cir. Orlando, FL 32828	
		-	□ Remove
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			Remove
			□Remove
			□Change
			□Add
			□ Remove
			Change

The Title for RONALD	W TESMOND ne	eds to change fr	om: MGR to A	—————————————————————————————————————	Volla a	
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						<u> </u>
ffective date, if other than an effective date is listed, the date	the date of filin	June 09, 202 g: d cannot be prior l	(()		(optional)	
iote: If the date inserted in the ocument's effective date on the ocument's effective date of	iis biock goes not i	meet the applica	ible statutory fil	ing requiremen	its, this date wi	Il not be listed
oranici s'enecure date diri	te Department of .	State s records.				
record specifies a delayed eff	ective date, but no	t an effective tir	ne, at 12:01 a.n	on the earlier	of: (b) The 9	Oth day after
is filed.						-
ated		2020				
ated "						

Filing Fee: \$25.00