(Requestor's Name)
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DEC 14 2020 S. YOUNG



## **COVER LETTER**

	gistration Sec rision of Corp			
7	-			•
SUBJECT:		Name of Lim	nited Liability Company	
The enclosed	d Articles of A	tmendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Ivan Turcan		
			Name of Person	
		Skywithclass LLC		
			Firm/Company	
		1025 E HALLANDALE B	EACH BLVD	
			Address	· · · · · · · · · · · · · · · · · · ·
		STE 15-773 HALLANDA	LE BEACH, FL 33009	
			City/State and Zip Code	<del></del>
		ivan.tsurean@gmail.com		
			to be used for future annual report noti	fication)
For further in	nformation co	ncerning this matter, please ca	all:	
			at ()	
	Name of	Person	at () Area Code Daytim	e Telephone Number
Enclosed is a	check for the	following amount:		
<b>≘</b> \$25.00 F	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 Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

. 5.

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

[2]

SKYWITHCLASS LLC		
(Name of the Limited Liab (A Flor	illity Company as it now appears on our records.) ida Limited Liability Company)	500
The Articles of Organization for this Limited Liability	Company were filed on 10/01/2020	and assigned
Florida document number W20000111312	· · · · · · · · · · · · · · · · · · ·	, 6, 6,
This amendment is submitted to amend the following:		<b></b>
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or (	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	*** *** *** *** *** *** *** *** *** **	***
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, <u>enter the</u> ;	name of the new registered
Name of New Registered Agent:		
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 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

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	Serghei Calughin	2500 Parkview Dr, apt 505	
		Hallandale Beach, FL 33009	
			□Change
			□Add
		-	□Remove
			□Change
			□Remove
			□Add
			□Remove
			[]Change
<del></del>			□Add
			□Remove
			□Change
			DAdd
			□Remove
			ClCho

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the rd is filed.						<del></del>		
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