

120 000304921

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

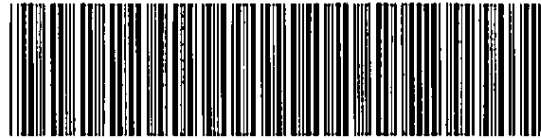
(Document Number)

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Certificates of Status ✓

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S. TALL FNT

MAR 24 2021

2021 FEB -8 AM 7:49

*Handwritten signature*

SKYWITHCLASS LLC

January 12, 2021

BY MAIL

**Florida Department of State**

Registration Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

**RE: SKYWITHCLASS LLC** (Florida Document Number L20000304921)

**Articles of Amendment**

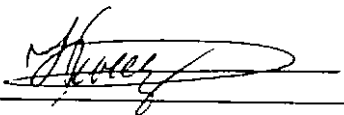
To Whom It May Concern,

Please find enclosed herewith Articles of Amendment, in order to add **Mr. Cristian Berdos** as a Manager of the above indicated entity, together with a check for the amount of USD \$30.00 as a filing fee. We are also attaching a copy of passport of Mr. Berdos and a copy of amenities bill (translated) as a proof of address.

Please kindly return the proof of filing and Certificate of Status to the address 2500 Parkview Dr. Apt. 505, Hallandale Beach, Florida 33009.

Should you have any additional questions please do not hesitate to contact by email [info@skywithclass.com](mailto:info@skywithclass.com).

Best regards,



Ivan Turcan, Manager

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SKYWITHCLASS 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:

IVAN TURCAN

\_\_\_\_\_  
Name of Person

SKYWITHCLASS LLC

\_\_\_\_\_  
Firm/Company

2500 PARKVIEW DR APT 505

\_\_\_\_\_  
Address

HALLANDALE BCH, FL 33009

\_\_\_\_\_  
City/State and Zip Code

info@skywithclass.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

Enclosed is a check for the 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 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

SKYWITHCLASS LLC

The Articles of Organization for this Limited Liability Company were filed on 10/01/2020 and assigned Florida document number L20000304921.

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

**Enter new principal offices address, if applicable:**

*(Principal office address MUST BE A STREET ADDRESS)*

**Enter new mailing address, if applicable:**

***(Mailing address MAY BE A POST OFFICE BOX)***

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

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>	<u>Address</u>	<u>Type of Action</u>
MGR	CRISTIAN BERDOS	25 GEORGE MENIUC STREET	<input checked="" type="checkbox"/> Add
		Chisinau municipality, Centru Section	<input type="checkbox"/> Remove
		MD-2009	<input type="checkbox"/> Change
		MOLDOVA	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated JANUARY 12 2021

IVAN TURCAN

**Filing Fee: \$25.00**