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(Re	equestor's Name)	
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R. WHITE JAN 21 2021

. COVER LETTER

TO:	Registration Secti Division of Corpo					
CHB IL	:ct:	KAKE	ENLY	110	•	
SUBJE	<u></u>		Name of Lim	ited Liability Company		
The en	closed Articles of An	nendment ar	id fee(s) are sub-	mitted for filing.		
Please	return all correspond	ence concer	ning this matter	to the following:		
			BONYA	DENNETT Name of Person	_	
				Firm/Company		
		215	1 MIST	y Califus Di	r	
		_NR	SPILA, FI	OKLOA 32. City/State and Zip Code	7n	
				CECMAIL. to be used for future annua		
For fur	ther information con-	cerning this	matter, please ca	all:		
_50	SNYP BEN Name of P	Mt 1		at (<u>371</u>) Area Code	SZS-671 Daytime Teleph	
Enclos	ed is a check for the	following an	nount:			
<u> 1</u> \$2	5.00 Filing Fee	S30.00 F Certific	filing Fee & cate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is ea		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address:			Street /	Addre <u>ss:</u>	

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

SKATE ENVY		
(Name of the Limited Liability Compa (A Florida Limited) The Articles of Organization for this Limited Liability Company Florida document number <u>LZCCO 348716</u> .		
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Suite 901 Diami FL	Flagler St 33130
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same as	above
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, ent	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	dress
		Florida 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 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
MBR	MILTON G. TORRENCE JR	2151 MORY CHEW DR	[XAdd
		2151 MORY GLEW DR ARDRA, FL 32712	Remove
			□Change
			□Add
			Remove
			□Remove
			□ Change
			□Add
			□Remove
			□Change
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			Remove
			□Change
			□Remove
			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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`an ef <u>{ote:</u>	ive date, if other than the date of filing:
reco Lis fi	rd 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 led.
ated	November 27 2020
	November 27 2020. Songa Delane Bennett gignature of a member or authorized representative of a member
	Gignavare of a memory of authorized representative of a memor
	Says DELWE BEMUETT Typed or printed name of signee