L2000036254Z

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #	(f)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	

Office Use Only



300354993153

12/04/20--01008--005 **25.00

2020 DEC -4 PM 1: 10

1/14/2)

COVER LETTER

TO: Registration So Division of Cor		•	٠		
	• ~	*	d · · · · · · · · · · · · · · · · · · ·		
SUBJECT:	SKWK Associat	es, LLC	_		
	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:			
	Wajahat Kh	an			
		Name of Person			
	SKWK Assoc	iates, LLC			
		Firm/Company			
	10566 Cory	Lake Dr			
		SKWK Associates, LLC Name of Limited Liability Company Indiment and fee(s) are submitted for filing. See concerning this matter to the following: Wajahat Khan Name of Person SKWK Associates, LLC Firm/Company 10566 Cory Lake Dr Address Tampa, FL 33647 City/State and Zip Code SKWKAssociatesLLC@gmail.com E-mail address: (to be used for future annual report notification) Ining this matter, please call: at (813) 417-1775 Area Code Daytime Telephone Number owing amount: \$30.00 Filing Fee & Certified Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations The Centre of Tallahassee			
	Tampa, FL	33647			
		City/State and Zip Code			
	SKWKAssoci	atesLLC@gmail.com			
	E-mail address: (to be used for future annual report not	ification)		
For further information c	concerning this matter, please co	all:			
Wajahat Kha	ın	at (813) 417-17	775		
Name o	of Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for t	he following amount:				
턴 \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy		
Mailing Address			petion		
Registration : Division of C					
P.O. Box 632	•		-		
Tallahassee,		2415 N. Monro	oe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SKWK Associates, LLC			
(<u>Name of the Limited Liability Compa</u> tA Florida Limited L	ny as it now appe: iability Company)	ors on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on _	11/16/2020	and assigned
Florida document number <u>L20000362542</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company h	ere:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the c	designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			2020
Principal office address MUST BE A STREET ADDRESS)			- 00 - 00 - 00 - 00
			· 0 —
			.
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			••
			Ø
If amending the registered agent and/or registered office adgent and/or the new registered office address here: Name of New Registered Agent:	dress on our r	ecords, enter the name	of the new regi
New Registered Office Address:			
	Enter Flori	da 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	Wajahat Khan	10006 Cross Creek Blvd	⊞∕Add
		Ste # 180	□Remove
		Tampa, FL 33647	□Change
			□Add
			🗆 Remove
			☐Change 2020 ☐Add
			☐Change
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Remove
			Change

_							
_							
_							
_	<u> </u>						
_	· 						
_							
							2020
							유
_	<u> </u>						
_				<u> </u>			P (
_							
_					-		
					·		
							_ _
_	<u> </u>						
iote:	we date, if other than the date tive date is listed, the date must be if the date inserted in this block on the date on the Departs of the date	does not meet	the applicable	ate of filing or n	nore than 90 day ng requirement	(optional) s after filing.) s, this date w	Pursuant to 605.020 vill not be listed as
record d is file	specifies a delayed effective d	ate, but not an o	effective time,	at 12:01 a.m.	on the earlier	of: (b) The	90th day after the
ated_	December 1st		2020				
_		. //	I I li din-	-			
	Si	nature of a mem	iber or authorize	d representative	of a member		

Filing Fee: \$25.00