

L20000362542

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

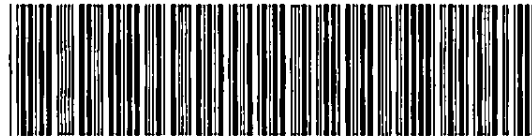
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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

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2020 DEC -4 PM 1:16

1/14/21
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SKWK Associates, 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:

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)

For further information concerning this matter, please call:

Wajahat Khan

Name of Person

at (813) 417-1775

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

SKWK Associates, LLC

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	Wajahat Khan	10006 Cross Creek Blvd	<input checked="" type="checkbox"/> Add
		Ste # 180	<input type="checkbox"/> Remove
		Tampa, FL 33647	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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2020 DEC -4 PM 1:18

FILED

(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)

If 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 record is filed.

Dated December 1st, 2020

MAH

Signature of a member or authorized representative of a member

Wajahat Khan

Typed or printed name of signee

Filing Fee: \$25.00