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(Document Number)
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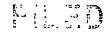
## **COVER LETTER**

NO: Registration Section Division of Corpo	
SUBJECT:	SKO MOVING LLC  Name of Limited Liability Company
A c enclosed Articles of Ai	nendment and fee(s) are submitted for filing.
Please return all correspond	lence concerning this matter to the following:
	Andrei Person
	Name of Person
	In the second se
	Firm Company
	2401 SOCEAN de APF 1105 Address
	Address
	Hollywood FL SSU19 City/State and Zip Code
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
ice further information con	cerning this matter, please call:
Andrei S	TOUENN at (756) 7025599  erson Area Code Daytime Telephone Number
Name of P	erson Area Code Daytime Telephone Number
1. closed is a check for the	following amount:
	-
V\$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee,  Certificate of Status  Certified Copy (additional copy is enclosed)  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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



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(Name of the Limited)	2010 1 Mg	LLC it now appears on our re	51 (2) 1	to PATE
Inc Articles of Organization for this Limited Liab	lity Company were	filed on $O///37$	/202/ and	assigned
, s amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the ASKO AUTO	0 11 0			
.l., new name must be distinguishable and contain the word	s "Limited Liability Con	mpany," the designation "	'LLC" or the abbreviation	"L.L.C."
Internew principal offices address, if applicable of the principal office address MUST BE A STREET A	e:	2401 50 Lollywor	CLAN dr.	UNIT /105
Unter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO		Same		
B. If amending the registered agent and/or registered and/or the new registered office address b		ess on our records, <u>er</u>	nter the name of the	new registered
Name of New Registered Agent:	Audr	Pi Stol	KHIV'	
New Registered Office Address:	2401 S	CCCKW C	dress	1105
	Hallyu	noop	$\frac{(KK)}{M}$ $($	7   G de
N w Registered Agent's Signature, if changing Reg	istered Agent:			

correby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the previsions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and except the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is trig filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability impany 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 Type of Action Address Title Name \_\_\_\_\_ □Change \_\_\_\_\_ □Remove \_\_\_\_\_□Add \_\_\_\_ □Remove \_\_\_\_\_ Change \_\_\_\_\_\_ Change \_\_\_\_ \_\_ \_\_ □ Add \_\_\_\_\_ Remove \_\_\_\_\_\_ Change

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Filing Fee: \$25.00