L21000037845

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
☐ PICK-JP ☐ WAIT ☐ MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer





300364596233

O SIMMON: MAY 1 0 2021

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 05/06/2021			**WALK IN*
ENTITY NAME_SKINNI	ER SALES CONSULT	ING, LLC	
DOCUMENT NUMBER	_21000037845		17 00 7 17 18 18 18 18 18 18 18 18 18 18 18 18 18
	PLEASE FILE THE	ATTACHED AND RETURN	
xxxxx	Plain Copy		5 . A. 16
	Certified Copy Certificate of Status		
** <i>p</i>	CEASE OBTAIN THE FOLI Certified Copy of Arts & Certificate of Good Stands		
	APOSTILLE' / NO	TARIAL CERTIFICATION	
COUNTRY OF DESTINATI NUMBER OF CERTIFICAT			
TOTAL OWED \$25.00		ACCOUNT #: I2016000	0072 .
		- 19 5°C	•
Please call Tina at th	e above number for an	y issues or concerns. Thank yo	na so much!

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1321 MAY -7 AM 9: 26 ___

Skinner Sales Consulting LLC	**	•
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our recor Liability Company)	ds.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000037845</u> .	were filed on 01-19-2021	and assigned
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 Liabil	lity Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	11350 60th Ter	
(Principal office address MUST BE A STREET ADDRESS)	Seminole, FL 33772	
Enter new mailing address, if applicable:	11350 60th Ter	
(Mailing address MAY BE A POST OFFICE BOX)	Seminole, FL 33772	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our record	ds, enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ess
		FloridaZip Code
	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:

	R = Manager BR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address 2321 8.37 -7 AM 9: 26	Type of Action		
AMBR	Joshua Skinner	11350 60th Ter	□ Add		
		Seminole, FL 33772	☐ Remove		
		· · · · · · · · · · · · · · · · · · ·			
			Chánge		
			□ ^t Remove		
		<u></u>	☐ Change		
			D Xdd		
			□ Remove		
			☐ Change		
			Add		
			☐ Remove		
			Change		
			Add		
			□ Remove		
			- Change		

	1721 HAY -7 AK 9: 26
	••
	•
ective date, if other than the date offective date is listed, the date must be spe e: If the date inserted in this block do- ument's effective date on the Departm	of filing:
record specifies a delayed effec The 90th day after the record is	ective date, but not an effective time, at 12:01 a.m. on the ear s filed.
05-06 ited	2021
/s/ Joshua Skin	ture of a member or authorized representative of a member
Signate	ture of a member or authorized representative of a member
Joshua Skinner	
	Typed or printed name of signee

. . .