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COVER LETTER

TO: Registration So Division of Cor			
Skyview C	apital LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Stephen A. Young		
		Name of Person	
	Skyview Capital LLC		
		Firm/Company	
	3681 NW 111th Ave.		
		Address	
	Sunrise, FL, 33351		
		City/State and Zip Code	
	syoungfinancialgroup@gm		
For further information c	E-mail address: (concerning this matter, please o	to be used for future annual report no all:	otification)
Stephen A. Young		954 909-4094	
Name o	f Person		me Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S\$5,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration S	ection
Division of C	orporations	Division of Co	
P.O. Box 632		The Centre of	
Tallahassee, I	: L 34314	2410 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Skyview Capital LLC		- 7.0 / 11.3
(<u>Name of the Limited Liability (</u> A Florida Li	Company as it now appears on omited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Con	npany were filed on $\frac{03/05/26}{1}$	221 and assigned
Florida document number L21000106747		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
Florida Retirement Planning LLC		
The new name must be distinguishable and contain the words "Limited	I Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
~	~~	
B. If amending the registered agent and/or registered or agent and/or the new registered office address here:	llice address on our record	is, enter the name of the new registered
Name of New Registered Agent:		
N. D. i.e. 1000 Aller		
New Registered Office Address:	Enter Florida str	reet address
		5 7. 44.
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered A	gent:	•
I hereby accept the appointment as registered agent and		rity. I further agree to comply with the
provisions of all statutes relative to the proper and com		

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:

	lanager authorized Member		
Title	<u>Name</u>	Address	Type of Action
			□Add
			□ Remove
			Change
			Remove
			☐ Change
			□Add
			□ Remove
			□Remove
			□ Change
			□ Remove

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ocument's effecti	ve date on the Departn	nent of State's reco	rds.			
		, but not an effective	/e time, at 12:01 a.r	n, on the earlier of:	(b) The 90th day a	fter the
record specifies a	delayed effective date					
record specifies a	delayed effective date					
l is filed.	delayed effective date	2023				
l is filed.	delayed effective date		·			
l is filed.	delayed effective date		 Za			
l is filed.			authorized representati	ive of a member		

Filing Fee: \$25.00