

L21 000 128 769

Rohan L Williams

(Requestor's Name)

6001 NW 25<sup>th</sup> C4

(Address)

8 Sunrise FL

(Address)

33313 9548565514

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☒ MAIL

Liz Sky LLC

(Business Entity Name)

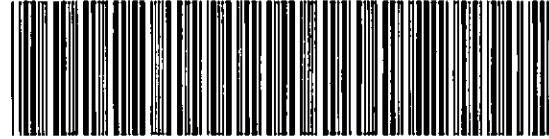
L21000128769

(Document Number)

Certified Copies   L   Certificates of Status           

Special Instructions to Filing Officer:

Office Use Only



000368253050

8/17/2024



RECEIVED

2021 AUG -9 PM 1:38

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 19, 2021

ROHAN WILLIAMS  
6001 NW 25 CT  
SUNRISE, FL 33313 US

SUBJECT: LIZSKY LLC  
Ref. Number: L21000128769

We have received your document for LIZSKY LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

SHAMIYA M HARRIS  
Regulatory Specialist II

Letter Number: 421A00016604

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LizSky 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:

Rohan L Williams  
Name of Person  
LizSky LLC  
Firm/Company  
6001 NW 25<sup>th</sup> C4  
Address  
Sunrise FL 33313  
City/State and Zip Code  
LIZARDH@LIZARDH@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rohan L Williams at (954) 856 5514  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount: "

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Lizsky LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on MARCH 18, 2021 and assigned  
Florida document number 21000128769.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

6001 NW 25th Ct  
Sunrise FL 33313

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

N/A

New Registered Office Address:

N/A

Enter Florida street address

City, 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>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Rohan Williams</u>	<u>6001 NW 25<sup>th</sup> Ct</u>	<input type="checkbox"/> Add
		<u>Sunrise FL 33313</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>Ambr</u>	<u>Kaela Williams</u>	<u>6001 NW 25<sup>th</sup> Ct</u>	<input type="checkbox"/> Add
		<u>Sunrise FL 33313</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>Ambr</u>	<u>Raelyn Williams</u>	<u>6001 NW 25<sup>th</sup> Ct</u>	<input type="checkbox"/> Add
		<u>Sunrise FL 33313</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>Ambr</u>	<u>Melanna Williams</u>	<u>6001 NW 25<sup>th</sup> Ct</u>	<input type="checkbox"/> Add
		<u>Sunrise FL 33313</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Rihanna Williams</u>	<u>6001 NW 25<sup>th</sup> Ct</u>	<input type="checkbox"/> Add
		<u>Sunrise FL 33313</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

E. Effective date, if other than the date of filing: 8/2/2021 (optional)


(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

8/2/2021



Signature of a member or authorized representative of a member

Rohan Williams

Typed or printed name of signee