

L21000136300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

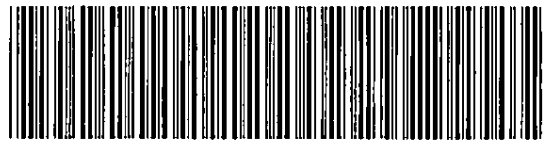
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE
CLERK

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COVER LETTER

TO: Registration Section
Division of Corporations
WILD SKY LLC

SUBJECT: _____
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:

OLHA NOS

Name of Person

WILD SKY LLC

Firm/Company

2302 SILVER PALM DR. APT 104

Address

KISSIMMEE, FLORIDA, 34747

City/State and Zip Code

LASKY787@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OLHA NOS

407

686-3163

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$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

FILED
2024 FEB -1 PM 4:22
TALLAHASSEE, FL
STATE

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

WILD SKY 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 23, 2021 and assigned
Florida document number L21000136300.

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)

2302 SILVER PALM DR. APT 104

KISSIMMEE, FLORIDA, 34747

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2302 SILVER PALM DR. APT 104

KISSIMMEE, FLORIDA, 34747

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:

OLHA NOS

New Registered Office Address:

2302 SILVER PALM DR. APT 104

Enter Florida street address

KISSIMMEE

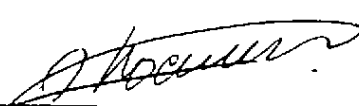
City

Florida 34747

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>
AMBR	OLHA NOS	2302 SILVER PALM DR. APT 104	<input checked="" type="checkbox"/> Add
		KISSIMMEE, FLORIDA, 34747	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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STATE
PH: 23
Remove
Change
Add
Remove

2024 FEB -1 PM 4:30
OFFICE OF THE DISTRICT ATTORNEY

FILED
2024 FEB - 1 PM 4:23
U.S. DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

(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.

Dated 01/12/2024 _____,

J. H. H. H.

Signature of a member or authorized representative of a member

OLHA NOS

Typed or printed name of signee