L2100014L919

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COVER LETTER

Registration Section Division of Corporations

TO:

SKAIIFII	LMS LLC		44.
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	oondence concerning this matter	to the following:	
	LOVETTE DOBSON		
		Name of Person	
	INCFILE.COM LLC		
		Firm/Company	
	17350 STATE HWY 249	STE 220	
		Address	
	HOUSTON, TX 77064		
		City/State and Zip Code	
	EFILE1234@INCFILE.CO		
	E-mail address: (to be used for future annual report not	ification)
For further information	concerning this matter, please c	all:	
LOVETTE DOBSON		888 462-3453	
Name	of Person	Area Code Daytin	ne 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 Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SKAIIFIL	MS LLC 2021 HAY 13 AN	
(Name of the Limited Liability Compa (A Florida Limited)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000146919</u> .	were filed on 03/30/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	618 E. South Street, Suite 500	100000000000
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32801	
Enter new mailing address, if applicable:	618 E. South Street, Suite 500	
(Mailing address MAY BE A POST OFFICE BOX)	Orlando, FL 32801	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, enter the n Enter Florida street address 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 = AMBR =	Manager = Authorized Member			
<u>Title</u>	<u>Name</u>	<u>Address</u>	2021 HAT 13 AH 6: 14	Type of Action
			•	□Add
				Remove
				□Change
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				□Remove
		 -		
				□ Change
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				□Remove

□Change

	2021 HAY 13 AH 6: 14
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fective date, if other than the an effective date is listed, the date muote: If the date inserted in this becument's effective date on the I	ust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (block does not meet the applicable statutory filing requirements, this date will not be listed as t
want manifier a dalayed affacti	ive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is filed.	
is filed. April 22	2021
is filed. April 22	2021 Signature of a member or authorized representative of a member