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Office Use Only



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2021 SEP -3 AHTT: 38
SECRETARY OF STATE
TALL AHASSEE, SI

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	SK Security Name of Lim	ui	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Sian 2	Samos Sc Name of Person	
	<u>far</u>	Soud Secondy L	LC
	7.0	30v 60880i	
		Address	
	<i></i>	Ande, 71 37860 City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	fication)
For further information	concerning this matter, please c	all:	
Sign 2 S	of Person	at (<u>32)</u> 287 - Area Code Daytime	435 Z e 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 Addre		Street Address	

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

SK Sec. S.A. I LLC

(A Florida Limited Liab	as it now appears on our nility Company)	records.)			
The Articles of Organization for this Limited Liability Company we	ere filed on <u>PPL</u>	06	7535	_ and as	ssigned
Florida document number <u>L 2 1000 158539</u> .					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability	y company here:				
ROCKSONIE SCLUPIAY	ill				
he new name must be distinguishable and contain the words "Limited Liability	Company," the designation	ı "LLC" or	the abbrev	riation "	L.L.C."
Enter new principal offices address, if applicable:			55 	~	
Principal office address MUST BE A STREET ADDRESS)				-21 	C /F brow
-			35-25-7 -2		-75
				ယ	1 .
Enter new mailing address, if applicable:			<u> </u>	<u> </u>	- v j
Mailing address MAY BE A POST OFFICE BOX)				<u>:</u> ω	Law H
_				<u> </u>	

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>	Address	Type of Action
	 		
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		e date on the				statutory r	mig requi	rements, this	date will i	iot be fisted	
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		Von 1	Signature	e of a member	or authorized	representa	tive of a me	mber			
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