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From:	Account Name : REGISTERED AGENTS INC. Account Number : I20090000081	PH I2: 31

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

: (307)200-2803

: (855)330-1010

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SKGTGROUP LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SKGTgroup LLC		
( <u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on ou ed Liability Company)	r records.)
The Articles of Organization for this Limited Liability Compa $\frac{L21000165995}{L}$ .	ny were filed on <u>04/09/2</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designati	ion "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		HAPE 2
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered registered agent and/or the new registered office address by		records, enter the name of the new
Name of New Registered Agent:		
N. D. C. LOSS Address		
New Registered Office Address:	Enter Florida stre	vet address
		Florida
<del></del>	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and compl accept the obligations of my position as registered agent being filed to merely reflect a change in the registered off	ete performance of my di as provided for in Chapte	uties, and I am familiar with and er 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Greg Rohan	7901 4th St N STE 300	<b>∑</b> Add
		St. Petersburg FL 33702	□ Remove
			Change
AMBR	Tim Casey	7901 4th St N STE 300	<b>⊠</b> Add
		St. Petersburg FL 33702	☐ Remove
		·	Change
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
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E. Effective date, if other than the d (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Dep	e specific and cannot be prior k does not meet the applic	to date of filing or more table statutory filing rec	(optional) han 90 days after filing.) Pursu quirements, this date will no	ant to 605.0207 (3) of be listed as the
If the record specifies a delayed (b) The 90th day after the record	effective date, but no d is filed.	t an effective time	e, at 12:01 a.m. on th	e earlier of:
Dated June 25	2021	·		

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