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(Requestor's Name)				
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2022 FEB -8 AM II: 02

SECRETARY OF SHEET AND SECRETARY OF SH

## **COVER LETTER**

TO:	Registration Se Division of Cor				
CHRIE	ст. H2 SKY (	CONSULTING, LLC			
30031	.c.r. <u>112 0111</u>	Name of Lim	ited Liability Company		
The end	closed Articles of .	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		Corpor	ate Maintenance Le	ead	
			Name of Person		
Processing Department					
			Firm/Company		
		1	450 Vassar St		
			Address		
			Reno, NV 89502		
			City/State and Zip Code		
		E-mail address: (	to be used for future annual report not	itication)	
For fur	ther information co	oncerning this matter, please co			
	Droops	ing Donartmont	000 000 000		
-	Name of	ing Department	at (800 ) 638-2320	ne Telephone Number	
			•	·	
Enclose	ed is a check for th	ne following amount:			
☑ \$25	5.00 Filing Fee	S30.00 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)	
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C	on orations	

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 FEB -8 AM 11: 02

H2 SKY CONSULTING, LLC SECRETARY OF STAIN (Name of the Limited Liability Company as it now appears on our records.) AHASSELLE (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{04/23/21}{2}$ and assigned Florida document number L21000190203 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) 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: New Registered Office Address: Enter Florida street address , Florida \_\_\_ City

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>	Name	Address	Type of Action
MGR_	Marcela Tellez	1353 Sabal Trl 1	
		Weston, FL 33327	
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	<del></del>		Add
			_ □ Remove
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D. If amei	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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(it an effe <u>Note:</u>	we date, if other than the date of filing: N/A (optional) ective 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 605.02 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records.	
	ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.	of:
Dated _	January 31st	
	P1H	
	Signature of a member or dathorized representative of a member  Maria Holguin	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00