

h21000245348

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

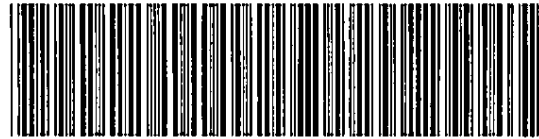
(Document Number)

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2021 JUN 4 10:13 AM  
CLERK

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SKY LEVEL LOGISTIC LLC**

\_\_\_\_\_  
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:

VICTORIA IRENE THONDIKE ALBA

\_\_\_\_\_  
Name of Person

SKY LEVEL LOGISTIC LLC

\_\_\_\_\_  
Firm/Company

1413 LAKE AVE

\_\_\_\_\_  
Address

LEHIG ACRES, FL 33972

\_\_\_\_\_  
City/State and Zip Code

info@skylevellogistic.com

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

For further information concerning this matter, please call:

VICTORIA I. THONDIKE ALBA

239 440-7073  
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

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

SKY LEVEL LOGISTIC 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 05/26/2021 and assigned  
Florida document number L21000245348.

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:

VICTORIA IRENE THOMDIKE ALBA

New Registered Office Address:

10264 STAFFORD CREEK CT 102

*Enter Florida street address*

LEHIG ACRES, FLORIDA

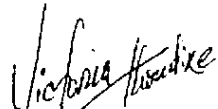
Florida 33936

*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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P. AMBR	VICTORIA IRENE THONDIKE A	10264 STAFFORD CREEK CT 102	<input type="checkbox"/> Add
		LEHIG ACRES, FL 33936	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
P. AMBR	VICTORIA IRENE THONDIKE /	10264 STAFFORD CREEK CT 102	<input checked="" type="checkbox"/> Add
		LEHIG ACRES, FL 33936	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	LEOVIGILDO ABREU JORRIN	10264 STAFFORD CREEK CT 102	<input type="checkbox"/> Add
		LEHIG ACRES, FL 33936	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	LEOVIGILDO ABREU JORRIN	10264 STAFFORD CREEK CT 102	<input checked="" type="checkbox"/> Add
		LEHIG ACRES, FL 33936	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

CORRECTING TITLE AND MISSPELLING IN THE 2ND LAST NAME OF THE PRESIDENT

CORRECTING TITLE OF 2ND MEMBER OF THE CORPORATION

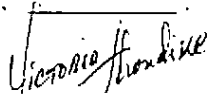
**E. Effective date, if other than the date of filing:** 05/25/2021 **(optional)**

*(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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated JUNE 6TH 2021



Signature of a member or authorized representative of a member

VICTORIA IRENE THONDIKE ALBA

Typed or printed name of signee