L21000290795

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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

Section Corporations
Soilon Sty LLC Name of Limited Liability Company
of Amendment and fee(s) are submitted for filing.
spondence concerning this matter to the following:
Mark W. PayNE Name of Person
Firm/Company
101 CEDAR Hommack Love
Pasons (it Broch, Floring 32407 City/State and Zip Code
MARKWARD PAYNE D GMAIL. Com E-mail address: (to be used for future annual report notification)
n concerning this matter, please call:
at (404) 386-0306 Area Code Daytime Telephone Number
or the following amount: Check 4147 - sent 6/28/22 - with previous From 161.25
\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) 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



2022 1 101 73110:59

FLORIDA DEPARTMENT OF STATE Division of Corporations

October 7, 2022

MARK PAYNE 11727 SAND CASTLE LANE PANAMA CITY BEACH, FL 32407

SUBJECT: SAILOR SKY LLC Ref. Number: L21000290795

We have received your document for SAILOR SKY LLC and your check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist III

Signalum Completel

Letter Number: 122A00020698

ARTICLES OF AMENDMENT . TO ARTICLES OF ORGANIZATION OF

FILED

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Sailon Sky LL	2022 OCT 21 AM 10: 41
(Name of the Limited Liability Compa (A Florida Limited)	Ony as it now appears on our records.) IALLAHASSEE, FL
The Articles of Organization for this Limited Liability Company Florida document number <u> </u>	· · · · · · · · · · · · · · · · · · ·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	
Enter new principal offices address, if applicable:	PONOMO CITY BEACH, FLA. 32.407
(Principal office address MUST BE A STREET ADDRESS)	Parama City Beach, Flx. 32.407
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	101 Cedar Hammock Lare Panama City Beach FL 32407
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	Color Homock Con. Enter Florida street address
New Registered Office Address: /0/	Celar Hommock Con. Enter Florida street address
	Ch Beach, Florida 32 407 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 Address **Type of Action** Title Name Pamela Fritz Payne 101 cedar Hammock Ln Add Panama City Beach FL Remove Change □Add _ □Remove _____ Change bAd⊡ □Remove _____ □Change □Remove ☐ Change \Box \land dd □Remove _____ □Change □Add _ □Remove _____ □Change

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Filing Fee: \$25.00