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5/13/21

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations SUBJECT: 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: Name of Person Firm/Company Address City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee, ☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF ,

SK	IRDLE LLC.
(<u>Name of the Limited Liabi</u> (A Florid	ility Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability (Florida document number <u>L. 21000</u> 32 9 8	Company were filed on $\frac{\int u/y}{20} = \frac{20}{21}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	mited liability company here:
The new name must be distinguishable and contain the words "Lin	mited 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 ADD)	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	Ange of the new registered (30/4 18gs NAMEY COLE (AMBR) 180/5 SS STA AUR. Enter Florida street address
New Registered Office Address:	1801 SN 5th AUG
(Alpeady Listed)	Enter Florida street address Say 17 Ton BAACK Florida \$ 33426 City Tip Code
New Registered Agent's Signature, if changing Registered	
I hereby accept the appointment as registered agent operated by a consistency of all statutes relative to the proper and consistency the obligations of my position as registered as	and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and gent as provided for in Chapter 605, F.S. Or, if this document is ed office address. I hereby confirm that the limited lightly.
	If Changing Registered Agent, Signature of New Registered Agent
	The state of the s

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
RA	PATRICIA BAUGR	1801 Sid 5th Aug. Boynton Biach, Fla. 33426	🗆 Add
4MBR)		Boynton BIACK, & JA	Remove
			□Change
			□Add
			□Remove
			🗆 Change
			🗀 Add
			□Remove
			Change
			🗖 Add
			Remove,
			□Change
			🗆 Add
			Remove
			🗆 Change
			□Add
			_ 🗆 Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Thankyon for semoving
Patricia RANGE en Megis Trad agents
The should now BE only ONE
rigistrud agent: NANCY COLE
E. Effective date, if other than the date of filing:
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
Signature of a member or authorized representative of a member
,
Typed or printed name of signee

.