

L21000334177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

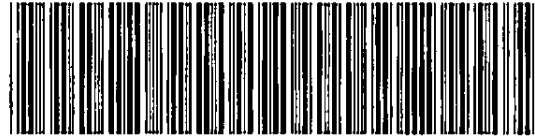
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700370293557

07/29/21--01015--020 **25.00

2021 JUL 29 AM 10:42
JUL 29 2021
JUL 29 2021

LC

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SKP INTERNATIONAL SERVICES GROUP 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:

KRISTIN WARD

Name of Person

B & W ACCOUNTING CONSULTING LLC

Firm/Company

4750 NW 102 ND AVE APT. 202

Address

DORAL, FLORIDA 33178

City/State and Zip Code

KRISTIN@BNWACCOUNTING.COM

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

For further information concerning this matter, please call:

KRISTIN WARD

757

402-9237

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**

SKP INTERNATIONAL SERVICES GROUP 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 JULY 22, 2021 and assigned
Florida document number 121000334177.

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

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>
MGR	KRISTIN M WARD	822 EDSON CIR E UNIT B	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32227	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JOSE M ECHEANDIA PINTO	822 EDSON CIR E UNIT B	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL 32227	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JUAN C ECHEANDIA PINTO	822 EDSON CIR E UNIT B	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL 32227	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CHRISTIAN O ECHEANDIA PIN	822 EDSON CIR E UNIT B	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL 32227	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	KAROL J ORDONEZ COSSIO	822 EDSON CIR E UNIT B	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL 32227	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2021 JUL 29 AM 10:42

2021 JUL 29 AM 10:42

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.

Dated JULY 26, 2021

KRISTIN M WARD

Typed or printed name of signee