L21000411980

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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FILED Oct 27, 2021 08:00 AM Secretary of State

COVER LETTER

TO: Registration Se			
SUBJECT:	Rodneck	ted Liability Company	1,LC
		···-	,
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Ros	s Read	
	Redne	Name of Person	SKIVI, LLC
	3033	Firm/Company Sabal	Palm Dr
	Edgent	Address Thy State and kip Code WOYOKO	32/4)
	E-mail address: ()	o be used for future annual report noti	fication)
For further information co	oncerning this matter, please co	at (303 <u>50</u>	C O TO S
		•	•
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy tadditional 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



October 14, 2021

ROSS READ 3033 SABAL PALM DRIVE EDGEWATER, FL 3141

COWBOY & INDIAN LLC

This is to advise you that on September 17, 2021, we filed your entity under the above name, which was not available.

Therefore, we request that you file an amendment, at no charge, to change the name of your entity to make it distinguishable from the existing entity. We have enclosed forms and guidelines for your assistance.

We apologize for this inconvenience and trust that you understand the urgency in completing this amendment, and returning it along with a copy of this letter to my attention as soon as possible.

Letter Number: 121A00025064

If you have any questions, please call (850) 245-6052.

Sincerely,

Neysa Culligan Regulatory Specialist III New Filing Section

ARTICLES OF AMENDMENT

Oct 27, 2021 08:00 AM **Secretary of State** ARTICLES OF ORGANIZATION

FILED

Coupout Indian Station

00011	- MUICUI	Citte
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our ability Company)	records.)
The Articles of Organization for this Limited Liability Company of Plorida document number <u>L21000 411980</u> .	were filed on 9 1	1/21 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name of the limited liability of the new name of the n	KIN, LL	n "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)		
3. If amending the registered agent and/or registered office angent and/or the new registered office address here:	ddress on our records,	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	uddress
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pa being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my dut rovided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is

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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
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	e date inserte effective dat					de statutor	y filing	requiren	ients, thi	is date wi	ill not be list
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			Signature o	f a member	or authori	zed represe	ntative (of a memb	ег	_ 	