Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: LEGALZOOM.COM INC. Account Name

Account Number : I20010000062 : (323)962-8600

Fax Number : (323)962-3889

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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Fmail	Address:		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SKULL PROXIES LLC

Certificate of Status	0
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Page Count	05
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A. LUNT

Electronic Filing Menu

Corporate Filing Menu

Help

TO:

From: Janet Koh

COVER LETTER

	Registration Se Division of Cor				
ern re		ROXIES LLC			
SUBJEC	T:	Name of Limite	ed Liability Company		_
The enclo	osed Articles of	Amendment and fee(s) are subm	nitted for filing.		
Please ret	urn all correspo	indence concerning this matter to	o the following:		
		Cheyenne Moseley			
			Name of Person		
		Legalzoom.com. Inc.			
			Firm/Company	·	
101 N Brand Blvd 11th Fl					
			Address		
		Glendale, CA 91203			
			City/State and Zip Code		
		contact@skullproxies.com	be used for future annual r	enort notification)	
For furth	er information c	oncerning this matter, please cal		-	
	e Moseley			s-0888	
Cheyenn		t Person	at () to	Daytime Telepho	ne Number
		he following amount:			economica F
□ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl		\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
		ING ADDRESS:		7COURIER ADI	DRESS:

Registration Section Division of Corporations P.O. Box 6327

Tallahassec, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SKULL PROXIES LLC		\	
(Name of the Limited Liability Co. (A Florida Limi	mpany as it now appears on ou ited Liability Company)	r records.)	
The Articles of Organization for this Limited Liability Comp	any were filed on09/28/20	r records.)	
Florida document number 1.21000426365		لسـَ	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited I	liability company here:		
Skull tO LEC			
The new name must be distinguishable and contain the words "Limited L	iability Company," the designati	on "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	2		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		records, enter the name of the	
Name of New Registered Agent:			
New Registered Office Address:			
	Unter Florida street oddress		
		, Florida	
	Cuv	Zip Cock	
New Registered Agent's Signature, if changing Registered Age	ent:		
l hereby accept the appointment as registered agent and (aserce to act in this capac	ty. I further agree to comply with	

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

Title	<u>Name</u>	Address	Type of Action
AMBR .	Antoine Mann	3314 Clover Trace Dr Spring, TX 77386	Add
			☐ Remove
			Change
			☐ Remove
			OPANSION C
			TARY OF STATE OF CONFUNATION Challed Challed
		 	Change AAR
			Add
			☐ Remove
			Change
			□ Add
			☐ Remove
			☐ Change
			Add
			☐ Remove ☐ Change

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2021-10-04 18:05 CDT -

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional)
(If an effective date is listed, the date must be specific and cannot be prior in date of filing or more than 90 days after filing.) Parament 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. () (tober Signature of a number or authorized representative of a member Ciabriel Suazo Typed or printed name of signee

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Filing Fee: \$25.00