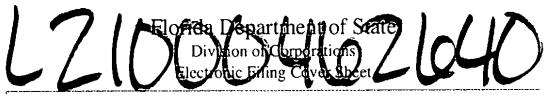
11/4/21, 9:19 AM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000409236 3)))



H210004092363ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107

Fax Number : (561)214-8442

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

Email Add	ress:		<u>.</u>
-----------	-------	--	----------

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SKY YARD MIAMI BEACH, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

5 2021

S. PRATHER

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO

ARTICLES O	F ORGANIZATION OF	FIL!
Sky Yurd Miami Beach, LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)	- QR Δ:
The Articles of Organization for this Limited Liability Comp	pany were filed on 10/22/2021	and assigned
Florida document number L21000462640		
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 I	Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u>s)</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
Madital address MAT BE A FOST OF FICE BOXT		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	lice address on our records, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florido street address	
	, Florida	_
	City	Zip Code
New Registered Agent's Signature, if changing Registered Ag	zent:	

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.

4-Nov-2021 + 09:22 - 15612148442 p.3

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>	Name	Address	Type of Action
MGR	Maximiliano Mele	1030 NE 83rd Street	≝Add
		Miami, FL 33138	□Remove
MGR	Roberto Fernández	1030 NE 83rd Street	≣Add
		Miami, FL 33138	□Remove
			☐ Change
MGR	Andre Chirinos	1030 NE 83rd Street	■Add
		Miami, FL 33138	□ Remove
			□Change
MGR	Joey Cancel	1030 NE 83rd Street	≅Add
		Miami, FL 33138	
			□Change
			□Add
			□Remove
			[]Change
			□Add
			□Remove
			□Change

D. If amending any other informati	ion, enter change(s) here: (Attach additional sheets, if necessary	:)		
		····		
				
				
E. Effective date, if other than the of the effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	date of filing:) Pursuant to 605.03 will not be listed	207 (3)(1 as the	b)
If the record specifies a delayed effective record is filed.	e date, but not an effective time, at 12:01 a.m. on the earlier of: (b) Th	e 90th day after th		
November 4th	2021	Sc CK	2021 N	
Dated Notesiael 48	· · · · · · · · · · · · · · · · · · ·	ETARY HASSE	2021 NOV -4	[T] [=
	Signature of a member or authorized representative of a member		+ PM	FILED
Sean Arno, Attorney-in-F	Fact	STATI	င္မာ	
	Typed or printed name of signee	—————————————————————————————————————	26	

Filing Fee: \$25.00