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06/11/24--01028--012 **\*\***25.00



# **COVER LETTER**

TO: Registration S Division of Co			
SKYLINE SUBJECT:	CONSULTING GROUP, LLC		
	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please return all corresp	ondence concerning this matter to	the following:	
	Hvan W. Turk		
		Name of Person	<del></del>
	E.W. TURK		
	······································	Firm/Company	<del></del> -
	303 N Evernia Street, 3rd Fl	oor	
		Address	
	West Palm Beach, 33401		
		City/State and Zip Code	
	E-mail address: (to	be used for future annual report not	ofication)
For further information of	concerning this matter, please call	l:	
Evan W. Turk		at () 6743245 Area Code Daytin	
Name o	of Person	Area Code Daytin	e Telephone Number
Enclosed is a check for t	he following amount:		
☐ \$25,00 Filing Fce	☐ \$30.00 Filing Fec & 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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SKYLINE CONSULTING GROUP, LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)	<del>.</del>
he Articles of Organization for this Limited Liability Compa lorida document number 1.22000008848	pany were filed on 01/03/2022	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited l	liability company here:	
ne new name must be distinguishable and contain the words "Limited L	.iability Company," the designation "LLC" o	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDRESS	<u> </u>	*****
		20 <b>20 </b>
nter new mailing address, if applicable:		2014 JUH 1
failing address MAY BE A POST OFFICE BOX)		
		三 章 阿
. If amending the registered agent and/or registered officent and/or the new registered office address here:	ice address on our records, <u>enter th</u>	e name of the new registe
Name of New Registered Agent:	•	
New Registered Office Address:	Enter Florida street address	

## 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.

Cin

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>	Type of Action
AMBR	NOTNROHT	1309 Coffeen Avenue STE 1200	<b>■</b> Add
		Sheridan, Wyoming 82801	□Remove
			□Change
			□ Add
			□Remove
			□Change
	<del></del>	<del> </del>	□Add
			□Remove
			□ Change
			□Remove
			□Change
	<del></del>		□Add
			□Remove
			□Change
			□ Add

\_\_\_\_\_ □Remove

D. If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
<del></del> -	
<u> </u>	
(If an effective Note: If the	date, if other than the date of filing:
If the record spectord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	DEC 19 2023
	Signature of a member or authorized representative of a member
	Justin Thrinton Typed or printed name of signee