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## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: AK	SKY HOLDING	S LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Anastosii	a Kliuchat	
	111000100011	A Kliuchar Name of Person	
	AK SKY	HOLDINGS LLC Firm/Company	
	3635 <i>N</i>	E 1st Ave Apt	- 1212
		Address	
	Miami,	FL 33137 City/State and Zip Code	
	الماء المعاد	City/State and Zip Code	
	E-mail address: (	uchat a gmail. cor	ication)
For further information co	oncerning this matter, please c	all:	
1 1 11	V 1 -		4004
Anastasiia Name of	Person	at ( <u>202</u> ) <u>830 -</u> Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
<b>№</b> \$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 S		Street Address: Registration Sec	ction
Division of Co	orporations	Division of Cor	porations
P.O. Box 632° Tallahassee, F		The Centre of T	allahassee e Street, Suite 810
i antanace, 1	W	Tallahassee, FL	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AK SKY HOLDI	NGS LLC
(Name of the Limited Liability Compar (A Florida Limited L	ability Company)
The Articles of Organization for this Limited Liability Company	were filed on Jan 18, 2022 and assigned
Florida document number <u>L 22000034789</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3635 NE 1st Ave, Apt 1212
(Principal office address MUST BE A STREET ADDRESS)	3635 NE 1st Ave , Apt 1212 Miami FL 33137
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	3635 NE 1st Ave, Apt 1212  Niami, FL 33137  address on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address: 3635	NE 1ct Ave Apt 1212  Enter Florida street address
Mi	. Florida 33/37 City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agro- provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p	performance of my duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 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
			□Change
			□Add
			□Remove
			Change
			□Remove
			□Change
			□ Add
			□Remove
			□Change
		<u> </u>	□Add
			□Remove
			□Change

	if other than the date of files listed, the date must be specific	and cannot be prior to date	2022 e of filing or more than 90 estatutory filing requirem		
(If an effective date i Note: If the date document's effective	einserted in this block does no etive date on the Department of cifies a delayed effective	of State's records.			

Page 3 of 3

Filing Fee: \$25.00