

L22000078693

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

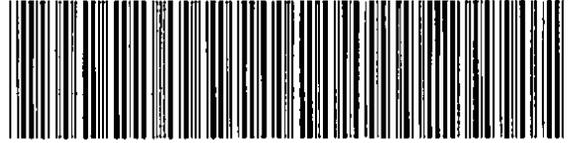
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Special Instructions to Filing Officer:

Please put note on Computer
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J. HORNE
NOV 22 2022



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11/22/22--01013--015 **25.00

RECEIVED
2022 NOV 22 PM 12:44
SECRETARY OF
STATE
FALLAHASSEE, FLORIDA.

FILED
2022 NOV 22 PM 12:50
SECRETARY OF
STATE
FALLAHASSEE, FLORIDA.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: skye Monroe LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cheryl Brown
Name of Person

skye Monroe LLC
Firm/Company

116623 Royal Palm Dr
Address

Groveland, FL 34736
City/State and Zip Code

Cheryl @skymonroeskinicare.com
E-mail Address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cheryl Brown at (407) 288-4020
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$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 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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2022 NOV 22 PM 12:50

Skype Monroe LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 2/17/2022 and assigned Florida document number L22000078693

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 Liability Company," the designation "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)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Cheryl Brown

New Registered Office Address:

14623 Royal Palm DR
Enter Florida street address

Groveland
City

Florida

34736
Zip Code

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.

Cheryl Brown
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>	<u>Address</u>	<u>Type of Action</u>
MGR	Godfrey G. Brown	14623 Royal Palm Dr	<input type="checkbox"/> Add
		Groveland, FL 34736	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Cheryl Brown	14623 Royal Palm Dr	<input checked="" type="checkbox"/> Add
		Groveland, FL 34736	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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