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2022 MAY 31 PM 1: 06

## **COVER LETTER**

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	egistration Se ivision of Cor			
	•	stment Group LLC		
SUBJECT	·:	Name of Lim	ited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ırn all correspo	ndence concerning this matter	to the following:	
		Mauricio Bravo		
		. <del></del>	Name of Person	
			FirmvCompany	
		16039 Bullis Dr		
			Address	
		Brooksville Fl, 34614		
		maurob1185@gmail.com	City/State and Zip Code	<del>.</del>
Dan Gastra	e in Communican co	E-mail address: ( oncerning this matter, please c	to be used for future annual report	notification)
Mauricio I		oncerning this matter, please c	813 842-320	5
				ytime Telephone Number
	Name o	f Person	Area Code Da	ytime Telephone Number
Enclosed is	s a check for th	ne 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)
	lailing Addres		Street Addres Registration	
Registration Section Division of Corporations				Corporations
P	.O. Box 632	.7	The Centre	of Tallahassee
T	allahassee, l	FL 32314	2415 N. Mo	nroe Street, Suite 810

Tallahassee, Fl. 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

FILED 2022 HAY 31 PM 1: 06

Sky-4 Investment Group LLC

of Group LLC

SECRETARY OF STATE

(Name of the Limited Liability Company as it now appears on our records, ALL AHASSEE, FL

(A Florida Limited	d Liability Company)				
The Articles of Organization for this Limited Liability Compan Florida document number	ny were filed on	and assigned			
This amendment is submitted to amend the following:					
If amending name, enter the new name of the limited liability company here:  e new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"  inter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  inter new mailing address, if applicable:  Multing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the name of the new registered					
The new name must be distinguishable and contain the words "Limited Lial	bility 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)	<del></del>				
agent and/or the new registered office address here:					
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida street address				
	, Flo	orida			
	·	Zιρ Code			
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>				
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic	te performance of my duties, an s provided for in Chapter 605, se address, I hereby confirm th	nd I am familiar with and F.S. Or, if this document is			

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Mauricio Bravo	16039 Bullis Dr Brooksville Fl 34614	<b>=</b> Add
			□Remove
			□ Change
AMBR	Juan Leal	11411 Larkwood Way Tampa, Fl 33625	□Add
			□Remove
			<b>≡</b> Change
			□Remove
			Change
			□Add
			□Remove
		<del></del>	□ Change
			□Add
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			□Remove
			□Change

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an effective l <mark>ote:</mark> If th	late, if other the date is listed, the date inserted is effective date of	date must be sp n this block de	ecitic and car ses not mee	t the applical	o date of filing ble statutory	or more than 90 filing requires	(optiona) days after filin nents, this da	g.) Pursuant to	605.0207 listed as
record spo Lis filed.	ecifies a delayed	effective date	, but not an	effective tin	ne, at 12:01 a	m. on the ear	lier of: (ħ) - 1	The 90th day a	ther the
ated	5/25		<u>á</u>	1002 1002	_ •				

Typed or printed name of signee