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GIVISION OF COMPORATIONS

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T. MATTHEWS MAY 19 2022

COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

ΤО:		Registration Section Division of Corporations						
ello ir	:ст: 5 к	(Y'S	EDGE	LLC		,		
SUBJE	.C1: <u>J1</u>	(1)	Name of Limite	ed Liability Compar	ıy			
The en	closed Articles of Ar	nendment and	fee(s) are subm	itted for filing.				
Please	return all correspond	ence concerni	ng this matter to	the following:				
			Trista	Name of Perso	der M	erwe		
			. .	Firm/Compan	y.			
			0707	V Ward Address	mere 1	Rd		
			Tamp	City/State and Zip	33617	<u> </u>		
		E	tristar	be used for future :	mail Com	mation)		
For fur	ther information con							
	Tristan US Name of P	<u>un dev</u>	· Merwe	at (<u>737</u> Area Cod	Daytime	4670 Telephone Number		
Enclose	ed is a check for the	following amo	ount:					
5 2.	5.00 Filing Fee	S30.00 Fil Certifica	ing Fee & te of Status	S55.00 Filing Certified Co (additional cop	ру	S60.00 Filing Fee, Certificate of Status & Certified Copy radditional copy is enclosed)		
	Mailing Address: Registration Se	ction			eet Address: gistration Sect	ion		
	Division of Cor				vision of Corp			

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

RGANIZATION CHULLI SECRETARY OF STATE SEVISION OF COMPORATIONS

Sky's	EPGE	LLC	22 APR 15	AM 9: 21
		ny as it now appears or iability Company)	our records.)	
The Articles of Organization for this Limited Liab Florida document number <u>LZZZOOO1Z</u>	ility Company 1248	were filed on()	3/14/20	22 and assigned
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	ne limited liabi	lity company here:		
The new name must be distinguishable and contain the word	Is "Limited Liabili	ity Company," the desig	nation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:			
(Principal office address MUST BE A STREET)	ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	2121 Lo Suite 5 Lakeway	hmans 04-829 , 12	Crossing Rd 78734	
B. If amending the registered agent and/or reg agent and/or the new registered office address		ddress on our reco	rds, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:				
New Registered Office Address:	10707	N Woodn Enter Florida		
	Ta	m pa	, Florida _	33617 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.

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
Mar	Tristan van der Merwe	10707 N Woodmere F	□Add
		10707 N Woodmere F Tampa, FL, 33617	□Remove
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
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fan effi <u>Note:</u>	ive date, if othe lective date is listed. If the date inserte ent's effective da	the date must bed in this bloc	be specific : :k does no	ind cannot be p t meet the ap	prior to date of t plicable statu	filing or more	(opti than 90 days after equirements, thi	filing.) Pursu	unt to 605,0207 (3) of be listed as the
record d is fil	d specifies a delaj led.	ved effective (date, but n	ot an effecti	ve time, at 12	:01 a.m. on	the earlier of: (b) The 90th	day after the
Dated	_i_ A	Pri		702	_2				
	i_ A	S	ignature of	a member or	authorized repr	esentative of	a member		