

122 0000 140 569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

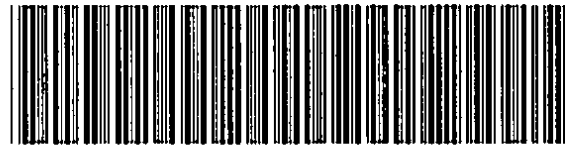
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

A.

Office Use Only



400392326794

02/18/22--01025--005 \$25.00

FILED  
SECRETARY OF STATE  
2022 AUG 18 AM 11:13  
DIVISION OF CORPORATIONS

J DENNIS  
NOV 04 2022

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SKYBIZ SERVICES, 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:

OLHA POLISHCHUK

\_\_\_\_\_  
Name of Person

SKYBIZ SERVICES, LLC

\_\_\_\_\_  
Firm/Company

301 174TH ST, 717 APT

\_\_\_\_\_  
Address

SUNNY ISLES BEACH

\_\_\_\_\_  
City/State and Zip Code

INFO@SKYBIZ.SERVICES

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OLHA POLISHCHUK

561 344 8580  
at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

**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	POLISHCHUK, OLHA	19438 SATURNIA LAKES DR.	<input type="checkbox"/> Add
		BOCA RATON, FL 33498, US	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	POLISHCHUK, OLHA	19438 SATURNIA LAKES DR.	<input type="checkbox"/> Add
		BOCA RATON, FL 33498, US	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	BASHMAKOV, SVYATOSLAV	19438 SATURNIA LAKES DR.	<input type="checkbox"/> Add
		BOCA RATON, FL 33498	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	VOSKOBOYNIK, MICHAEL	301 174TH STREET, 717 APT.	<input checked="" type="checkbox"/> Add
		SUNNY ISLES BEACH, FL 33160, US	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

\_\_\_\_\_

Signature of a member of authorized representative of a member

OLNA POLISHCHUK

Typed or printed name of signee

**Filing Fee: \$25.00**