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COVER LETTER

TO:

Registration Section Division of Corporations

SKYBIZ SERVICES, LLC SUBJECT: 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 344 8580 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SKYBIZ SERVICES, LLC			
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000140569</u> .	y were filed on $\frac{3/22/2022}{}$ and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	301 174TH ST, 717 APT,		
(Principal office address MUST BE A STREET ADDRESS)	SUNNY ISLES BEACH.		
	FL 33160. US		
Enter new mailing address, if applicable:	301 174TH ST, 717 APT.		
(Mailing address MAY BE A POST OFFICE BOX)	SUNNY ISLES BEACH.		
	FL 33160, US		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new regist		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	. Florida Zip Code		
New Registered Agent's Signature, if changing Registered Agent:	<u>:</u>		
I hereby accept the appointment as registered agent and agr	ree to act in this capacity. I further agree to comply with		

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 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	POLISHCHUK, OLHA	19438 SATURNIA LAKES DR.	□Add
		BOCA RATON, FL 33498, US	□Remove
			■ Change
AMBR	POLISHCHUK, OLHA	19438 SATURNIA LAKES DR.	□Add
		BOCA RATON, FL 33498, US	□Remove
			□Change
AP	BASHMAKOV, SVYATOSLAV	19438 SATURNIA LAKES DR.	□Add
		BOCA RATON, FL 33498	≣Remove
			□Change
AMBR	BR VOSKOBOYNIK, MICHAEL	301 174TH STREET, 717 APT,	= Add
		SUNNY ISLES BEACH, FL 33160, US	□Remove
			Change
			□Add
		, 	□Remove
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record d is file	specifies a delayed d.	effective date, but	not an effectiv	e time, at 12:01	a.m. on the ea	rli c r of: (b) The	90th day after the
Pated _	NUGUST 16		2022				
			V)	(WM)	1		
		Signature o	f a member of a	ithorized represe	ntative of a mem	ber	

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