L22000140569

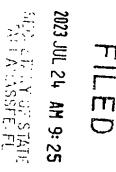
(Requestor's Name)
(Address)
(7.001033)
(Address)
(City/State/Zip/Phone #)
(0.1), 0.1010 (0.1)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entry Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
,

Office Use Only



400412724734

07/24/23--01007--008 **25.00





COVER LETTER

TO: Registration Se Division of Cor		•	•
	ERVICES, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	OLHA POLISHCHUK		
		Name of Person	
	SKYBIZ SERVICES, LLC		
		Firm/Company	
	2321 LAGUNA CIRCLE.	UNIT 803	
		Address	
	NORTH MIAMI, FL 3318	1	
	info@skybiz.services	City/State and Zip Code	
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please ca	all:	
OLHA POLISHCHUK		561 3-14-8580	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
. vanie v		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Enclosed is a check for the	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)
Mailing Address		Street Address:	ation
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632	-	The Centre of	
Tallahassee, l		2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SKYBIZ SERVICES, LLC	
(<u>Name of the Limited Liability Company as it not</u> (A Florida Limited Liability Co	м appears on our records.) mpany)
The Articles of Organization for this Limited Liability Company were filed Florida document number	d on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	pany here:
The new name must be distinguishable and contain the words "Limited Liability Compar	
Enter new principal offices address, if applicable:	2023
(Principal office address MUST BE A STREET ADDRESS)	
	<u> </u>
	SSE 3
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address o agent and/or the new registered office address here:	n our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	
New Registered Office Address:	Inter Florida street address
Cin	, Florida

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 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>	Type of Action
AMBR	VOLENA, INC	711 NE 10 TH AVE, HALLANDALE, FL 33009	∃ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change

Page 2 of 3

-										-
										_
										-
							_			
										_
							<u>_</u>		<u></u>	•
		_								
							_			-
										-
										-
		 -					- .			-
-										-
										-
										-
										-
							 .		<u> </u>	-
				JULY 7, 2	1023		,			
an effectiv	late, if other e date is listed, ti	ne date must be	specific and	cannot be pri	ior to date of	filing or more	than 90 days	optional) after filing.)	Pursuant to 60;	5.0207
Note: If the	e date inserted s effective date	in this block	: does not m	ieet the appl	licable statu	tory filing re	equirements	, this date v	rill not be list	ted as
ocument.	s criceire date	on the Depa	Timem or 5	une s recore						
e record	specifies a	delaved e	ffective d	late, but r	ot an eff	ective tim	e. at 12:	01 a.m. o	n the earli	er of
The 90	th day after	the record	is filed.	,						
JUL	Y 7			2023		/				
ated					- '					
				6//	7221					
					1/1/66	//				
		- Cia	insture of a s	Mobile Lea	Harizari rope	Sentative of	a member			
	OLHA POLIS	·	gnature of a r	number of au	thorized repr	esentative of	a member			

Page 3 of 3

Filing Fee: \$25.00