10/25/22, 11:35 AM

Division of Corporations

Florida Department of State Bivision of Corporations Electronic Biling Cover Sheet

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To:		
70.	Division of Corporations	₹> ₹
	Fax Number : (850)617-6383	HAS
From:		39 30 30 30
	Account Name : EXPRESS CORPORATE FILING SERVICE INC.	က်လ
	Account Number : I20000000146	س این
	Phone : (305)444-4994	7-2-7
	Fax Number : (305)328-4774	لين
	the email address for this business entity to be used for nual report mailings. Enter only one email address please.	
En	ail Address:	<u> </u>
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SKY BLUE HEAVY DIVISION LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

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Electronic Filing Menu

Corporate Filing Menu

Help

From; Yanet Avila

ARTICLES OF AMENDMENT TO

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SKY BLUE HEAVY D	DIVISION LLC	25 PH
(Name of the Limited Liability Compar (A Florida Limited L	iv as It now appears on our records.) ability Company)	14.0
The Articles of Organization for this Limited Liability Company	were filed on03/29/2022	S of O
Florida document number <u>L22000151110</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" of	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:	13499 BISCAYNE BLVD	SUITE M4
(Mailing address MAY BE A POST OFFICE BOX)	NORTH MIAMI FLORID	A 33181
B. If amending the registered agent and/or registered office a	ddress on our records, enter th	e name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

To:

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.

From: Yanet Avila

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

To:

<u>Title</u>	<u>Name</u>	Address	Type of Action
CEO	LUCIANO GABRIEL SURIS	13499 BISCAYNE BLVD SUITE M4	XI Add
		NORTH MIAMI FLORIDA 33181	□Remove
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
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			□Change

From: Yanet Avila

					
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Note: If	e date, if other than the date tive date is listed, the date must be the date inserted in this block at's effective date on the Depar	does not meet the applica	o date of filing or more than able statutory filing requi	(optional) 90 days after filing.) Pursuant trements, this date will not b	to 605.0207 (3)(e listed as the
f the record : ecord is filed	specifies a delayed effective da d.	ate, but not an effective til	ne, at 12:01 a.m. on the c	earlier of: (b) The 90th day	, after the
	OCTOBER 24	2022	<u> </u>		
Dated					
Dated _		at the same of the	-		
Dated _		Osca Ragge (Oct 14, 2022 16 SetDR nature of a member or autho		mber	

Typed or printed name of signee

2022-10-25 16:45:29 GMT