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J. HORNE
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## COVER LETTER

FO: Registration S Division of Co	•			
SUBJECT:	Skyway Inter	national of F	lorida UC	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	f	My Mgoc Chu	my	
	Skyvay	International	of Florida	UC
	237 415	Address		
	Braden	City/State and Zip Code	08	
	Sanggy E-mail adgless: (	reathor a grand to be used for future amplat report no	tification)	
or further information c	oncerning this matter, please ca	all:		
Huy Name A	chung of Person	at ( <u>941)</u> 72-6 Area Code Daytii	4036 me Telephone Number	
inclosed is a check for t	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 Sta Certified Copy (additional copy is ea	itus &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

and assigned The Articles of Organization for this Limited Liability Company were filed on \_\_\_ Florida document number L 22000 | T792 S This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be dictinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

#### 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

Enter Florida street address

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 = Au	thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMRR	Quan Ngoyen	2317 41th St E Bradenton FL 34208	<u>L</u> Add
	·	Bradellem FL 3420 8	☐ Remove
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		L,	1~10	1 (	mo	<b>√</b> ]		
		Signature	of a member or	authorized repr	escutative of a m	ember		

Page 3 of 3

Filing Fee: \$25.00