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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
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(Do	cument Number)	
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06/07/22--01016--028 **25.09



COVER LETTER

	ation Section 1 of Corporations
SUB-IP-OT	SKISITO LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Art	icles of Amendment and fee(s) are submitted for filing.
Please return all	correspondence concerning this matter to the following:
	LISBET LORENZO DE LA RIVA
	Name of Person
	SKISITO LLC
	Firm/Company
	13425 SW 252ND ST
	Address
	PRINCETON, FL 33032
	City/State and Zip Code
	DIAZDRES@GMAIL.COM E-mail address: (to be used for future annual report notification)
For further inform	nation concerning this matter, please call:
ANDRES DIAZ	
	Name of Person Area Code Daytime Telephone Number
Enclosed is a che	ck for the following amount:
■ \$25.00 Filing	g Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Registi Divisio P.O. B	Address: ration Section on of Corporations ox 6327 assee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

SKISITO LLC

2022 JUN -7 AM 11: 34

(<u>Name of the Limited Liah</u> (A Flor	illity Company as it now appears on or ida Limited Liability Company)	TATE OF Y UT STATE		
The Articles of Organization for this Limited Liability		and assigned		
Florida document number L22000194749	·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liability company here:			
The new name must be distinguishable and contain the words "L	imited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADI	<u></u>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
				
B. If amending the registered agent and/or register	red office address on our record	s, enter the name of the new registere		
agent and/or the new registered office address here		<u></u>		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		, Florida Zip Code		
	City	Zip Code		
New Registered Agent's Signature, if changing Registe				
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	l complete performance of my d agent as provided for in Chapt cred office address, I hereby cor	uties, and I am familiar with and er 605, F.S. Or, if this document is		

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
AMBR	ESTELA CASSAU	13425 SW 252ND ST	□Add
		PRINCETON, FL 33032	■Remove
			□Change
AMBR	ANDRES DIAZ	13425 SW 252ND ST	□Add
		PRINCETON, FL 33032	= Remove
			□Change
			
			□Remove
			□ Change
			Remove
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			□Remove
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			□Add
			Remove
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		05/23/	2022		(4 :	1)		
fective date, if other to in effective date is listed, th	e date must be speci	fic and cannot be	prior to date of f	iling or more tha	option (option 90 days after fi	iling.) Pursu	ant to 60)5.0207
ote: If the date inserted current's effective date	in this block does	s not meet the a	pplicable statut	ory filing requ	urements, this	late will n	iot be iis	sted as
record specifies a delaye	d effective date, b	ut not an effect	tive time, at 12:	01 a.m. on the	earlier of: (b)	The 90th	ı day aft	ter the
is filed.								
ated MAY 23	<u></u>	2022	·					
	/ /							

Typed or printed name of signee