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Requesto	r's Name)
(Address)	
(Address)	
(City/State	/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documen	t Number)
Certified Copies	Certificates of Status
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## COVER LETTER

TO: Registration So Division of Cor			
N467SK L	LC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	John Beiler		
	<del></del>	Name of Person	
	N467SK LLC		
		Firm/Company	
	353 Ray Place		22 SEP
		Address	
	Sarasota, FL 34232		22 SEP 13 AH II: 52
		City/State and Zip Code	AHII: 52
	johnbeilersrq@gmail.com		
For further information c	E-mail address: ( concerning this matter, please c	to be used for future annual report no	tification)
John Beiler	, marriage and married pressed to	941 928-6601	
Name o	of Person	Area Code Daytii	me Telephone Number
Enclosed is a check for the	he 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 Addres		Street Address: Registration S	ection
Division of C	Corporations	Division of Co	
P.O. Box 632		The Centre of	
Tallahassee,	ri. 34314	2415 N. Monre	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

N467SK LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
ne Articles of Organization for this Limited Liability Company	were filed on 05/13/2022	and assigned
orida document number L220002255501		
nis amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	ility company here:	
e new name must be distinguishable and contain the words "Limited Liabi	ity Company," the designation "LLC" o	r the abbreviation "L.L.C."
nter new principal offices address, if applicable:		<u>N :</u>
Principal office address MUST BE A STREET ADDRESS)		Vision 2 SEP
<del></del>		
		<u>ω</u>
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
luning duaress MAT BE A POST OFFICE BOX		- <del>S</del>
If amending the registered agent and/or registered office agent and/or the new registered office address here:	nddress on our records, <u>enter th</u>	e name of the new reg
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	City	Zip Code

## 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>	Address	Type of Action
AMBR	Walter Valesky	728 Fringed Orchid Trail, Venice FL 34293	<b>=</b> Add
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		·····	🗆 Add
			□Remove
			□Change
			22 SEP 13 AH 11553
			☐ Remove
			Change
		<u></u>	□Add
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		9/1/2022				
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te: If the date ins	erted in this block doc	es not meet the app	licable statutory			
sument's effective	date on the Departme	ant of State's recor	us.			
ecord specifies a d	elayed effective date.	but not an effectiv	e time, at 12:01 a	.m. on the earlier o	if: (b) The 90th	day after the
is filed.			. ,		· , · · · · · · · · · · · · · · · · · ·	<u>,</u>
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