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Division of Corporations

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From:

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Account Number : I200000000019 : (305)552-5973 Phone : (305)675-5944 Fax Number

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SKY V GROUP, LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SKY V GROUP, LLC			
(Name of the Limit	ted Liability Company as it now app (A Florida Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited L Florida document number L22000236504	iability Company were filed on (	05/20/2022	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liability company	here:	
The new name must be distinguishable and contain the v	vords "Limited Liability Company," th	c designation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applic	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/or agent and/or the new registered office addresses		r records, enter the nam	e of the new registered
Name of New Registered Agent:	DIAZ URDANETA, MAXIMIL	IANO J	
New Registered Office Address:	6320 SW 8TH ST, PH821	C) and a standard decree	
		Flonda street address	144
	WEST MIAMI	, Florida <u>33</u>	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

Change

3052201440

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 = M $AMBR = A$	lanager uthorized Member	<u>.</u>	
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Tastino doto 15 - the author	the date of filing:	et the applicable st	atutory filing require	ments, this date wi	ursuant to 605.0207 ill not be listed as
Tective date, if other than a same effective date is listed, the date offer. If the date inserted in this ocument's effective date on the	: Department of Sta	ate's records.			
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ote: If the date inserted in this ocument's effective date on the record specifies a delayed effectis filed.	: Department of Sta	2P022		rlier of: (b) The S	90th day after the

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