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(Re	questor's Name)	<del></del>
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SECRETARY OF STATE

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## **COVER LETTER**

Division of Corporations
SUBJECT: Skyler Home Selvices LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Regimed L Kelsey, JR  Name of Person  Skyler Itome Services LLC  Firm/Company
11454 Skinner Ct
Jacksonille Fr 32225 PER
reggie kelsey a gmail. Com  Finall address: (to be used for future annual report notification)
For further information concerning this matter, please call:
The state and Zip Code  The gase kelsey a grand. Com  The gase call:  The gase
Enclosed is a check for the following amount:
S25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address:  Registration Section  Street Address:  Registration Section

TO:

Registration Section

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

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Skyler Home Service LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
the Articles of Organization for this Limited Liability Company were filed on $\frac{6/6/2022}{4000256}$ and assigned lorida document number $\frac{L22000256.852}{4000000000000000000000000000000000000$
his amendment is submitted to amend the following:
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.C."
inter new principal offices address, if applicable:
Principal office address MUST BE A STREET ADDRESS)
Inter new mailing address, if applicable:
Mailing address MAY BE A POST OFFICE BOX)
3. If amending the registered agent and/or registered office address on our records, <u>enter the name of the <del>Me</del>w registe</u> gent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:  Enter Florida street address
, Florida
iew Registered Agent's Signature, if changing Registered Agent:
hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with t rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing 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>	Name	Address	Type of Action
			□Add
			□Remove
			☐Change
		/	□Add
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			HARRIS C. F. S. T. P. Bange
			DAdd
			□Remove
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			[]Remove
			[]Change
			□Add
			[]Remove
			[7]Change

	The name just needs an "S	11	
	The name just needs an "S added after the word "service." No other changes	,	
	No other changes		
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l. Effecti	we date, if other than the date of filing: $\frac{3/6/2023}{}$ (optional	)	
(If an effe Note:	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing if the date inserted in this block does not meet the applicable statutory filing requirements, this date	g.) Pursuant to 605. e will not be liste	0207 (3)(i d as the
docume	ent's effective date on the Department of State's records.		
e.i	the state of the s	ha (10th day after	tha
ord is file	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) Ted.	ne 70m day anci	the
	100		
Dated_	1º19/CL & LOL3.		
	January CK Kar De.		
	Signature of a member or authorized representative of a member		
	March b 2023  Legendal Hold Logical representative of a member  Regional Logical Logical Signature of a member of printed name of signature of signa		
	Typed or printed name of signee		

Filing Fee: \$25.00