# Florida Department of State Divisions Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : MR INCORPORATION, INC.

Account Number : I20230000177 Phone : (775)376-3540 Fax Number : (775)582-9172

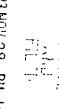
\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	 

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SKAN CONSULTING LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2023 NOV 28 PM 1: 46



To:

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H23000406656 3

(Name of the Limited	d Liability Company as it now appears on our records.) A Florida Limued Liability Company)	
The Articles of Organization for this Limited Liab Florida document number L22000494301	ability Company were filed on 11/18/2022	and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of t	the limited liability company here:	
SKAN CONSULTING LLC		
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	(ADDRESS)	
	<del></del>	
Enter now mailing address, if applicables		
	Day)	
	3 <i>OX</i> )	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>30X)</u>	
(Mailing address MAY BE A POST OFFICE B		me of the new regi
Mailing address MAY BE A POST OFFICE Be	gistered office address on our records, enter the na	me of the new regi
Mailing address MAY BE A POST OFFICE B	gistered office address on our records, enter the na	me of the new regi
(Mailing address MAY BE A POST OFFICE B	gistered office address on our records, enter the na	me of the new regi
Mailing address MAY BE A POST OFFICE B.  B. If amending the registered agent and/or regagent and/or the new registered office address  Name of New Registered Agent:	gistered office address on our records, enter the na	me of the new regi
Mailing address MAY BE A POST OFFICE B.  B. If amending the registered agent and/or registered office address	gistered office address on our records, enter the na	 - 
Mailing address MAY BE A POST OFFICE B.  B. If amending the registered agent and/or registered office address  Name of New Registered Agent:	gistered office address on our records, <u>enter the na</u> s here:	 - 

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

\_\_\_\_\_\_ □Remove

From: David Winter

### 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		1423000406656 3	
<u>Title</u>	<u>Name</u>	Address	Type of Action
			DAdd
			□Remove
			□ Change
			□ Add
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Note:	ive date, if other than the date of filing:
he reco	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the led
Dated	November 27, 2023
	Signature of a member or authorized representative of a member
	Editha Corrales Nelson
	Typed or printed name of signee