

22000496881

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

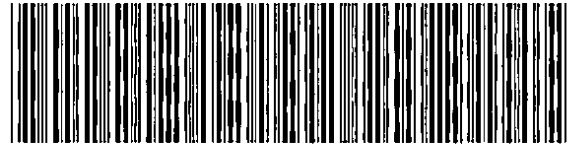
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2024 Nov 12 AM 10:52  
ALL INFORMATION CONTAINED  
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DEC 07 2024

S. PRATHER

Registration Section

Skytera Constructors LLC

ECT:

Name of Limited Liability Company

ARTICLES OF INCORPORATION AND REGISTRATION STATEMENT ARE SUBMITTED FOR FILING

return all correspondence concerning this matter to the following:

Thomas R. Whelan III

Name of Person

Skytera Constructors LLC

Firm/Company

25209 Rosamond Court

Address

Punta Gorda FL 33983

City/State and Zip Code

skyteraconstructors@gmail.com

E-mail address: (to be used for future annual report notification)

further information concerning this matter, please call:

Tommy Whelan

Tommy Whelan

Name of Person

941

at ( )

Area Code

204-7801

941-264-7801

Daytime Telephone Number

Enclosed is a check for the 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)

Registration Section  
Division of Corporations

Tallahassee, FL 32314

Registration Section  
Division of Corporations

2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SKYTERA CONSTRUCTORS LLC

SKYTERA CONSTRUCTORS LLC

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

11-22-2022

Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_

and assigned  
document number L22000496881

**If amending name, enter the new name of the limited liability company here:**

Thomas R. Whelan III LLC → Thomas R Whelan III LLC

New name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal office address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

**If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

New Registered Office Address:

Florida

City

Zip Code

**New Registered Agent's Signature, if changing Registered Agent:**

*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**

nding Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added  
oved from our records:

= Manager

R = Authorized Member

Name

Address

Type of Action

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

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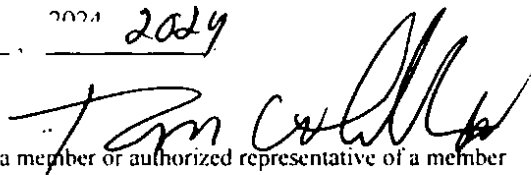
2. **Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated October 30 10.29, 2024  
October 29

  
Signature of a member or authorized representative of a member

Thomas R Whelan III  
Typed or printed name of signee

FILED  
OCT 31 12 41 PM '24