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(Requ	estor's Name)
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SECRETARY OF STATE

A. RIVERS
JUL 2 9 2023

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SKY Unlimited Travel n' More 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:
Natosha F. Renwick Name of Person
SKY Unlimited Travel LLC Firm/Company
835 Marion St Address
Daytona Beach, FT 32114 City/State and Zip Code Kjalen 750 yahow.com
E-hail address: (to be used for futufe annual report notification) For further information concerning this matter, please call:
Name of Person
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SKY Uni	limited Travel 'n' M	Nove 1/c	
(Name of the Limited Lia (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)		
The Articles of Organization for this Limited Liabilit Florida document number 1230000	y Company were filed on <u>Lawary 11, 6</u>	<u>VJ3</u> and assigne	ed
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our records, enter the name of the new registered gent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida street address			
SKY Unlimited TV	avel LLC	ah ahkaninin at LC	,
		the abbreviation (L.L.C.	
		,	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>		
		name of the new res	gistered
Name of New Registered Agent:		五月 星 二	
New Registered Office Address:		<u>(1)</u>	
	Enter Florida street address , Florid		•
_	Ciņ·	EZIO COLLA	

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 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
			□Add
			Remove
			Change
	· · · · · · · · · · · · · · · · · · ·		□Add
			Remove
			Change
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			Remove
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		Change	
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		□Remove	
			□Change

II an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
if an e <u>Note</u>	ctive date, if other than the date of filing:
	ord 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 filed.
Date	May 294 2023
	(attoff powich)
	Signature of a member or authorized representative of a member
	MATASHAF RENWICK

ETT. E. COS O