Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000338265 3)))



H230003382653AHC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20080000145 Phone : (305)444-4994 Fax Number : (305)328-4774

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 SKYRISE ELEVATOR SOLUTIONS LLC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

SKYRISE ELEVATOR SOLUTIONS LLC.

To __

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limite	d Liability Compa A Florida Limited	iny as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited Lia Florida document number 1.23000049567	ability Company	were filed on 02/01/2023		and assigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liab	dlity company here:		
The new name must be distinguishable and contain the we	ords "Limited Liabi	lity Company," the designation	a "L1 C" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		7250 NW 70th WAY		
		MIAMI, FL 33165		
		•		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1440 W 70th WAY		
		HOLLYWOOD, FL. 33024		
B. If amending the registered agent and/or re agent and/or the new registered office address Name of New Registered Agent:			enter the name of	the new registered
	7250 NW 70th	WAY		
New Registered Office Address:		Enter Florida street	address	, 3
	MIAMI		, Florida <u>33166</u>	c .
		City		lip Code!
New Registered Agent's Signature, if changing Registered Agent:			ယ္	
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing the company has bearth which we will be a company has been notified in the company	r and complete tered agent as p egistered office	performance of my duti provided for in Chapter	ies, and I am fami 605, F.S. Or, if th	liar with and is document is

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
AMBR	GABRIEL MORALES	1440 W 70th WAY	≣Add
		HOLLYWOOD, FL. 33024	
			[]:Change
	v a = 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
			DRemove
			□Change
			□Add
			Remove
		1112	□ Change
			ПRетюче
			Change
			IJAdd
			□Remove
			TChange
			Dad
			Remove
			CIC hange

iο

•		
•		
-		
•		
•		
		
-		
Note:	tive date, if other than the date of tiling: [feetive date is listed, the date most be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.	/(3)(b) the
record is if	tid 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 fled.	
Dated		
	1	
	AL = D	
	Signature of a member or authorized representative of a member	