L23000061288

| (Requestor's Name) |
|-----------------------------------------|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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SECRETARY OF STATE

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COVER LETTER

| TO: Registration Section Division of Corporations | • • | |
|--------------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------------------------------|
| SUBJECT: CRE SKYE, | LLC | |
| | imited Liability Company | - |
| | 1 (2.16.6) | |
| The enclosed Articles of Amendment and fec(s) are su | | |
| Please return all correspondence concerning this matte | er to the following: | |
| Chark | Name of Person | _ |
| C | RE SKYE, LLC | _ |
| 307 | Deer Park Ave. | t |
| Tan | YUL FL 33617 City/State and Zip Code | |
| E-mail address: | tene. baston a yahoo. com :: (to be used for future annual report notification) | |
| For further information concerning this matter, please | e call: | |
| Charlene Rivera Name of Person | at (815) 895-U846 Area Code Daytime Telephone Number | ber i |
| Enclosed is a check for the following amount: | | |
| \$25.00 Filing Fee & CA Certificate of Status | Certified Copy Certifi (additional copy is enclosed) Certifi | Filing Fee, icate of Status & ed Copy nal copy is enclosed) |
| Mailing Address: Registration Section | Street Address: Registration Section | |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| <u>CRE SKVE,</u> | LLC | |
|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----------------|
| (<u>Name of the Limited Liability Con</u> (A Florida Limit | mpany as it now appears on our records.) ted Liability Company) | |
| he Articles of Organization for this Limited Liability Compa lorida document number <u>L 230000 (12<i>9</i>8</u> | any were filed on 222023 and a | ssigned |
| his amendment is submitted to amend the following: | | |
| . If amending name, enter the new name of the limited li | iability company here: | |
| | | |
| ne new name must be distinguishable and contain the words "Limited Li | iability Company," the designation "LLC" or the abbreviation " | 'L.L.C." |
| nter new principal offices address, if applicable: | <u> </u> | |
| Principal office address MUST BE A STREET ADDRESS, | | 7 |
| | 27 2 | |
| nter new mailing address, if applicable: | ASSEE ASSEE | EO |
| Tailing address MAY BE A POST OFFICE BOX) | - FA 2 | |
| | | |
| If amending the registered agent and/or registered office | ce address on our records, enter the name of the n | ew <u>r</u> egi |
| gent and/or the new registered office address here: | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Florida | |
| | City Zip Coa | le |

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 Address **Type of Action** Title Name 307 Doer Park Ave. KAdd Tarupa FL 33617 MER Churlene Rivara _____ 🗆 Add □Remove _____ □Remove □Remove ____ □Remove

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| an effect ote: If | e date, if other than the date of filing: | 207 as |
| record : is filed | 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 | ıe |
| ated | May 8 2023 | |
| | | |
| | Signature of a member or authorized representative of a member | |
| | Charlene Rivera | |