3000072965

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
☐ PICK-UP	MAIT WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
ed Copies	_ Certificates	of Status
ecial Instructions to	Filing Officer:	
		}

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Office Use Only

A. RIVERS FEB 1 7 2023



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02/17/23--010027003 **3**€25.00

RECEIVED

COVER LETTER

Registration Section

Division of Corp	porations			
BJECT: SKYV	HARVINEU Name of Lim	ited Liability Company		
enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
se return all correspo	ndence concerning this matter	to the following:		
,	•			
	Dogisla	Himm		
	1 liter 2010	Name of Person		
	Street Address: Registration Section Mailing Address: Registration Section Division of Corporations Name of Lamited Liability Company Actives First Company Library Conference Registration Section Division of Corporations First Company Library Conference First Company Library Conference Registration Section Division of Corporations P.O. Box 6327 First Library Company Library Conference Registration Section Division of Corporations P.O. Box 6327 First Library Registration Section Division of Corporations P.O. Box 6327 First Library Library Company Registration Section Division of Corporations P.O. Box 6327 First Address: Registration Section Division of Corporations First Company First Company Registration Section Division of Corporations First Company First Company Registration Section Division of Corporations First Company First Company First Company Registration Section Division of Corporations First Company First Company Registration Section Division of Corporations First Address: Registration Section Division of Corporations First Address: Registration Section Division of Corporations First Address: Registration Section First Address: Registration Section			
	Facial	L'and Comment		
	1221 Camme	reial Dr		
		Address		
	Tullahan	xe, Fl 32303		
		City/State and Zip Code		
	- Mcishehd	rsun (a gracul. co	M (itimuton)	
			meanon	
· further information co	oncerning this matter, please c	all;		
Aneishe	Linen	ar 850) 508-	4559	
Name of	Person	Area Code Daytin	ne Telephone Number	
ed is a check for th	e following amount.			
S 5 00 Filing Fee	□ \$30 00 Filing Fee &	TISSS 00 Filing Fee &	[] \$60.00 Filing Fee.	
V 25000 r ring rec	Certificate of Status	Certified Copy	Certificate of Status & Certified Copy	
			tastin/mi top: sittastin	
•			-	
Tallahassee, F	FL 32314	2415 N. Monro	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Styptathesha	Skynbyr	Insistiscil	<u></u>
(A Florida Limited Liability Cumpa (A Florida Limited I	niability Company)	. I	
Articles of Organization for this Limited Liability Company rida document number <u>L2300072965</u>	were tiled on _ÛZ_	09/22	and assigned
is amendment is submitted to amend the following:			
If amending name, enter the new name of the limited liab	ility company here:		
new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designal	tion "LLC" or the abb	reviation "L.L.C."
nter new principal offices address, if applicable:	1221 Cm	morcial r	or suite!
rincipal office address MUST BE A STREET ADDRESS)	Tullahave	· FI 32	103
ter new mailing address, if applicable:			
lailing address MAY BE A POST OFFICE BOX)			
The state of the s		. 1. 1	77
If amending the registered agent and/or registered office a ent and/or the new registered office address here:	iddress on our record	s, <u>enter the name</u>	of the new registered
			. 5
Name of New Registered Agent:			<u>့ က</u>
New Registered Office Address:			
	Enter Florida str	eet address	
	-	, Florida	
Desire and County Simutane if abounding Desire and County	Cuy		Zip Code
w Registered Agent's Signature, if changing Registered Agent:	and the state of this surrous	in I timbon are	na ta anninshi mith thu
creby accept the appointment as registered agent and agree wisions of all statutes relative to the proper and complete cept the obligations of my position as registered agent as pagified to merely reflect a change in the registered office appany has been notified in writing of this change.	performance of my d provided for in Chapt	uties, and I am fa er 605, F.S. Or, ij	miliar with and Othis document is

If Changing Registered Agent, Signature of New Registered Agent

... amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added 6_removed from our records:

IGR = Manager

.MBR = Authorized Member 2.1.0 Address Type of Action Name | AMBR Aneisna Hilbur 18/7 Crane St Was _____ □Remove _______ □Change _____ □Remove _____ Change _____ □Add _____ □Remove _____ □Change _____ □ Add □Remove ______ Change ______ □Add _____ Remove ☐ Change

□Remove

fan el <u>Sote:</u>	tive date, if other than the date of filing: (1) 17/23 (optional) Tective date is listed, the date must be specific and canhol 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 ment's effective date on the Department of State's records.
reco dus t	rd 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 ited.
)atec	Signature of a member of authorized representative of a member

Filing Fee: \$25.00