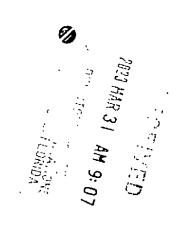
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #i
PICK-UF WAIT MAIL
(Business Entity Name)
(Document Number)
Copies Certificates of Status
Instructions to Filing Officer:
J. HORNE
APR - 3 2023

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SKYLESS LLC	_ _
Please Debit 120000000257 For: 25	
Thank you Seth Neeley	
Thank you self freeley	
Atta/	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art, of Amend, File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cen. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
, .	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
J. G.	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
Name Date Time	UCC 11 Search
name Date time	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

## **COVER LETTER**

TO:	Registration Sec Division of Corp			
SUBJE	CCT:	S K J eS	ited Liability Company	
			, , ,	
The end	closed Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon	dence concerning this matter	to the following:	
		A	lejandro Mova Name of Person	<u> </u>
			Firm/Company	<del></del>
		7771 Nu	U7th StApt Address	912
			; FL 33/26 City/State and Zip Code	
		aleja E-mail address: (1	nclvcxmorala uso be used for future annual report noting	finai com
For fur	ther information co	ncerning this matter, please ca	all:	
	Alejandro Name of	MOVA Person	at ( <u>XB/o</u> ) <u>520 -</u> Area Code Daytim	8926 e Telephone Number
Enclose	ed is a check for the	e following amount:		
<b>□</b> ∕\$2:	5.00 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)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

5 Ky(e5), L	-LC		
( <u>Name of the Limited Liability Com</u> (A Florida Limite	npany as it now appears on our record Liability Company)	ords.)	
(V. V. V. V. Car S. V. Car S	ou diaming conquiry,		
(Name of the Limited Liability Com (A Florida Limited) The Articles of Organization for this Limited Liability Companies	ny were filed on <u>May (N</u>	Znd 2023nd assigned	3
Florida document number <u>L23coc1915 79</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here:		
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "L	.I.C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
	<del>-</del>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
•			
B. If amending the registered agent and/or registered offic	ro addrace an our records, and	tor the name of the new register	4
agent and/or the new registered office address here:	e address on our records, end	ici the name of the new register	eu
agent and of the new regarded whee address here.			
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Enter Florida street add	lress	
		Florida	
	City	Zip Code	

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>	Name	Address	Type of Action
<u>MG/R</u>	Ateyandro Mora	7971 W 71 ST AND 812 Migmi, FL 33126	CAdd
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<u> </u>	date, if other than the date of filing: <u>March</u> 29 (optional) we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 's effective date on the Department of State's records.
ecord spring is filed.	necifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ıted	March 29th, 2023.
	- Let
	Signature of a member of authorized representative of a member