

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L230000201236

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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : ZENBUSINESS INC.
 Account Number : I20230000190
 Phone : (844)449-3624
 Fax Number : (512)597-0678

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED
 2025 FEB 25 PM 1:02
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 SKY-LIMIT HOMEDEVELOPERSWFL LLC**

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sky-limit HomeDeveloperswfl LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/24/2023 and assigned Florida document number 123000201236

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2000 NW 23rd Ter, Cape Coral, FL 33993

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

2000 NW 23rd Ter, Cape Coral, FL 33993

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

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 Changing Registered Agent, Signature of New Registered Agent

To:

If amending Authorized persons) 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Kevin Villa		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		2000 NW 23rd Ter, Cape Coral, FL 33993	<input checked="" type="checkbox"/> Change
AMBR	Sonia Villa	2542 SOUTHWEST 9TH AVENUE	<input type="checkbox"/> Add
		CAPE CORAL, FL 33914	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

