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om: Diedte Turner Fax	: 17279149129 To:	Fax: (850) 617-6383	Page: 3 of 6	06/15/2023 12:35 P
		COVER LETTER		
TO: Registration S				
Division of Co	rporations		÷	
SBVC LLC SUBJECT:				
SUBJECT:	Name of Li	mited Liability Company		
····				
	Amendment and fee(s) are su	-		
Please return all corresp	ondence concerning this matte	r to the following:		
	John Wacchter			
		Name of Person		
	Englander Fischer			
		Firm/Company		
	721 1st Avenue N			
	·····	Address		
	St Petersburg, FL 33701			
	dturner@eflegal.com	City/State and Zip Code		
		(to be used for tuture annual report not	fication)	
For further information of	concerning this matter, please	cail:		
John Waechter		727 898-7210		
Name o	of Person	at () Area Code — Daytin	e Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Foc & Certified Copy radditional copy is enclosed)	S60.00 Filing Certificate of Certified Cop (additionel copy)	Status & ey
Mailing Addres		Street Address:		
Registration Division of C		Registration Se Division of Cor		
P.O. Box 632		The Centre of T		

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Tallahassee, FL 32314

To:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liab) (A Flori	SBVC LLC lity Company as it now appears on o da Limited Liability Company)	pur records.)
The Articles of Organization for this Limited Liability Florida document number <u>L23000215804</u>	Company were filed on <u>5/1/20</u>	23 and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lip</u> SKT Partnership LLC		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u>تر</u>
••••••••••••••••••••••••••••••••••••••		· · · · · · · · · · · · · · · · · · ·
		ين ا
B. If amending the registered agent and/or register	ed office address on our record	is, enter the name of the new registered
agent and/or the new registered office address here:		المبر ،
		<b>ې</b> ب
		5 4
Name of New Registered Agent:		••
New Registered Office Address:		
Enter Florida street address		eet 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

From: Diedke Turner 🕠

Fax: (850) 617-6383

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If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person-being added</u> or removed from our records:

## MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Keaton Baum	101 W 15 Street, Apt 222	<b>=</b> Add
		New York, NY 10011	
MGR	Taylor Wallace	2710 1st Avenue S	<b>=</b> Add
		St. Petersburg FL 33712	🗆 Remove
			Change
			🗆 Add
			🗆 Remove
			Change
			🗆 Add
			🗆 Remove
			□Change
			🖸 Add
			🗆 Remove
			□Change
-4-8-49-75-884			🗆 Add
			🗆 Remove
			Change

To.

## D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record 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 record is filed.

Dated	August S	2023
	Signature of a me	ember or authorized representative of a member
		Saxon Baum, Manager
		yped or printed name of signee