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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: <u>SK</u> Y	1441116		
SUBJECT:JN	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	S.A.	ANJAY Z PATE	- L.
		Name of Person	<u> </u>
	5	Firm/Company	
		30 US HWY 4	-41
	MT.	DORA、FL、32子: City/State and Zip Code	<u> </u>
			• •
	E-mail address: (NDA O GMAIL. CO to be used for future annual report not	ification)
For further information c	oncerning this matter, please co	all:	
			4.0.0.4
SAN 3	IAY Z. PATCL	at (<u>352)</u> <u>246</u> Area Code Daytin	- 4381
Manie	1 (150)1	raca code 19dynn	K (Cicphotic (Valloc)
Enclosed is a check for th	ne following amount:		
☐ \$25.00 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)
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Se	ection
Division of C	orporations	Division of Co	rporations
P.O. Box 632 Tallahassee, I		The Centre of 2415 N. Monro	Fallahassee be Street, Suite 810
· manage con t		2 1 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SKY 441 LLC

(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears or ited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Comp	oany were filed onM	Ay 08th 2023 and assigned
Florida document number <u>L2300 22 5832</u> .		
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 I		
The new name must be distinguishable and contain the words "Limited I	Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	· · · · ·
		1
Enter new mailing address, if applicable:		_ :
(Mailing address MAY BE A POST OFFICE BOX)		·6
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:		rds, <u>enter the name of the new registo</u>
Name of New Registered Agent:	VIA	
New Registered Office Address:		
	Enter Florida .	street address
		. Florida
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Ag	ent:	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp		

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

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>	<u>Name</u>	Address	Type of Action
MGR	MANISH J PATEL	823 MADISON ST	□Add
		TAVARES, F1-32778	f≰Remove
			□Change
MGR	KEVAL P PATEL	1051 LAKESHORE BLVD	□Add
		TAVARES, FL-32778	⊠ Remove
			□Change
MGR	AMISH B PATEL	35509 US HWY 27	□Add
		HAINESCITY 171-3284	4 KRemove
			", □Change
			□Add
			∵. ∴ □Remove
			□Change
			□Add
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			□Remove
			□ Change

	NA	
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n effective date is listed te: If the date insert		(optional) of filing or more than 90 days after filing.) Pursuant to 66 attutory filing requirements, this date will not be lis
ecord specifies a dela is filed.	iyed effective date, but not an effective time, at	12:01 a.m. on the earlier of: (b) The 90th day aft
red <u>06/27</u>	/2023 ,	
	Signature of a member or authorized re	epresentative of a member