LA3000023785

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TO:

TO: Re Di	gistration Se vision of Cor	ction porations					
	SKYE RIDI	E LLC					
SUBJECT:		Name of Limi	ted Liability Company				
		Amendment and fee(s) are sub-					
	,	SAMUEL MEIROWITZ					
			Name of Person				
		SKYE RIDE LLC					
			Firm/Company				
		I FINANCIAL PLAZA, S	UITE 804				
	Address FT. LAUDERDALE, FLORIDA, 33394 City/State and Zip Code	Address		g_{ℓ}	20		
		FT. LAUDERDALE, FLO	RIDA, 33394			. 3 2 1	
			City/State and Zip Code			20°21111 22 FA 2: 21	
		SAMUELMETROWITZ@C	IMAIL.COM to be used for future annual report notifi	cation)	-	- 179 Jak	
For further	information c	oncerning this matter, please ca	ıll:		,	\sim	
SAMUEL 1	MEIROWITZ		917 297-3744			, , , , , , , , , , , , , , , , , , ,	
	Name o	f Person	at () Area Code Daytime	Telephone Number			
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)	S60.00 Fi Certifical Certified (additional	ie of Sia Copy	tus &	
Re Di P.	egistration S vision of C O. Box 632 Illahassee, I	Section orporations 7	Street Address: Registration Sec Division of Corp The Centre of To 2415 N. Monroe Tallahassee, FL	porations allahassee : Street, Suite 8	10		

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comp. Florida document number L23000237857	any were filed on MAY 15, 2023	and assigned
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 L	iability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS	D	
Enter new mailing address, if applicable:		<u>। - </u>
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	2 2
B. If amending the registered agent and/or registered off	ice address on our records, enter th	ne name of the new regist
agent and/or the new registered office address here:	<u> </u>	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flor	ida
	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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	TARYN MEIROWITZ	11392 BOCA WOODS LANE	≅Add
		BOCA RATON, FLORIDA, 33428	□Remove
			□ Change
			□ Add
			□ Remove
			Add Remove
			□Remove
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or motore: If the date inserted in this block does not meet the applicable statutory filing occument's effective date on the Department of State's records.	(optional) ore than 90 days after filing.) Pursuant to 605.0. g requirements, this date will not be listed
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. of is filed.	on the earlier of: (b) The 90th day after t
ated MAY 16TH , 2023	
Signature of a member or authorized representative	

Filing Fee: \$25.00