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04/22/24--01027-013 \*\*20.00

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Many Ski	Name of Limited Liability Company
The enclosed Articles of Amendment a	and fee(s) are submitted for filing.
Please return all correspondence conce	rning this matter to the following:
	Angel J. Thomason Name of Person
<i>N</i>	14/14 SKIZ Hardyman LLC Firm/Company
94	91 NW 46th Place
	hiefland FL 32626 City/State and Zip Code
Many	
For further information concerning this	matter, please call:
Angel J Hompsen Name of Person	at (54) 569-0898 Area Code Daytime Telephone Number
Enclosed is a check for the following a	mount:
	Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, cate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Many SKIZ Handyn	ran LLC	
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our recor Liability Company)	<u>'ds.</u> )
The Articles of Organization for this Limited Liability Company Florida document number <u>しみ3000分も</u> しまし	were filed on May	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	- NA	······································
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	22
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:	THA.	
New Registered Office Address:	Enter Florida street addre	2.55
	, F	lorida
	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>	<u>Name</u>	Address	Type of Action
MGR	Kerry L. Thumpson	9491 NW 46th Pl., Chiefford Fl. 32621	Add
			□Remove
			Change
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			🗀 Remove
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