

L23000346758

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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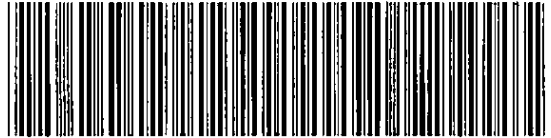
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2023 AUG 21 PM 12:40

RECEIVED
08/21/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SKY NETWORK SECURITY
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CARLOS CALZADA
Name of Person

SKY NETWORK SECURITY
Firm/Company

16335 SW 22nd CT
Address

OCALA, FL 34473
City/State and Zip Code

KJ4NQA@YAHOO.COM
E-mail address: (to be used for future annual report notification)

2023 AUG 21 PM 12:40
TALLAHASSEE
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

Carlos Calzada at 786 340-5788
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SKY NETWORK SECURITY

(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 7/24/23 and assigned
Florida document number L23000346758

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

STATE OF FLORIDA
DIVISION OF CORPORATIONS
2023 AUG 21 PM 12:40

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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Ananay M. Calzada	16335 SW 22 nd CT	<input type="checkbox"/> Add
		Ocala, FL 34473	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Carlos E. Calzada Montero	16335 SW 22 nd CT	<input checked="" type="checkbox"/> Add
		Ocala, FL 34473	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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2023 AUG 21 PM 12:20
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DIVISION OF CORPORATIONS

