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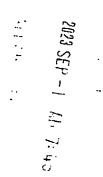
(Re	equestor's Name)	
(Ad	idress)	_
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nar	ne)
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	·
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Office Use Only



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COVER LETTER

TO:	Registration So Division of Cor		%.	• -
CHID ID		ST CAPITAL LLC		
SUBJEC	UI:	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	etum all correspo	ondence concerning this matter	to the following:	
		PARKER KING		
			Name of Person	
		SKYCOAST CAPITAL L	LC	
Firm/Company 3111 LAKE IDA RD		·		
Address	Address			
		DELRAY BEACH, FLOR	IDA 34445	
			City/State and Zip Code	
		PARKERKING@GMAIL.	COM to be used for future annual report not	firstion)
For furth	ner information c	concerning this matter, please co	·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
PARKE	R KING		561 945-1956	
	Name o	of Person	at () Area Code Daytim	ne Telephone Number
Enclosed	d is a check for t	he following amount:		
■ \$ 25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres		Street Address:	
	Registration : Division of C		Registration Se Division of Cor	
	P.O. Box 632		The Centre of T	•

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SKYCOAST CAPITAL LLC

2023 SEP - 1 At 7:40

(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our d Liability Company)	records.)
The Articles of Organization for this Limited Liability Compar	ny were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation	n "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)		
B. If amending the registered agent and/or registered offic	e address on our records	enter the name of the new register
agent and/or the new registered office address here:	e address on our records,	the the harmon the heart og iste
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 Ager	<u>nt:</u>	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a	ete performance of my dut is provided for in Chapter	ies, and I am familiar with and

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
AMBR	JONATHAN STAMPP	1499 S FEDERAL HWY, APT S-305	□ Add
		BOYNTON BEACH, FL 33435	■Remove
			□Change
			□Add
			□Remove
			☐ Change
			□ Add
			□ Remove
			Change
	 		□Add
			Remove
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		· · · · · · · · · · · · · · · · · · ·	□ Add
			Remove
			□ Change

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-		14102		
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Tective date, if other than	the date of filing:		(ор	tional)
an effective date is listed, the date ote: If the date inserted in this				
ocument's effective date on the				
record specifies a delayed efforus filed.	ctive date, but not an effect	tive time, at 12:01 a	a.m. on the earlier of:	(b) The 90th day after the
is tiled.				
08/11 ated	2023			
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		A STATE OF THE STA	_	
4	1114 110 L		~~/	
	Signature of a member of	r authorized represent	tative of a member	