## 123000380382

(Req	uestor's Name)	
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## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: <u>SKYS EMP</u>	ORIUM L Name of Limited Liabilit	y Company	
The enclosed Articles of Amendment and	foods) are submitted for	filina	
Please return all correspondence concernir	g this matter to the follo	owing:	
	Rache	LOUIS ne of Person	
		n/Company	
	401 Coll	ins Ave #	15
<u>Miar</u>	ni Beach	FL 33139 e and Zip Code	
120	HMI DUIS	e and Zip Code  A gwal Cor  or future annual report notifi	n
For further information concerning this ma	tter, please call:		_
Rachel Louis	at	(305) 72lo	
Name of Person		Area Code Daytime	Telephone Number
Enclosed is a check for the following amount	int:		
☐ \$25.00 Filing Fee	of Status Cer	.00 Filing Fee & rtified Copy fitional 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		Street Address: Registration Sec Division of Corp The Centre of Ta	oorations allahassee
Tallahassee, FL 32314		2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa	· · · ·	
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000380382</u>	were filed on 8/14/2	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)		
		<del></del>
		• •
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		rap Crac
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity. I fur performance of my duties, an provided for in Chapter 605, F	d I am familiar with and F.S. Or, if this document is

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 = Mar AMBR = Aut	nager horized Member		
<u>Title</u>	Name	Address	Type of Action
<u>mar</u>	Josue Louis	401 Collins Ave #15	<b>M</b> Add
		Miami Beach Fl 33139	□Remove
			□Change
AMBR	Rachel Louis	401 Collins Are #15	<b>\ \</b> Add
		Miami Beach FL 33139	□Remove
			□Change
			□Add
			©Remove
			□Change
			Remove
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factive date if	other than the date	of filing:		(ontional)	
in effective date is	listed, the date must be spo	eific and cannot be prior to	o date of filing or more than	90 days after filing.) P	ursuant to 605.020
ote: If the date in ocument's effecti	nserted in this block do ve date on the Departm	es not meet the application of State's records.	ble statutory filing requir	ements, this date w	II not be listed a
	delayed effective date,	but not an effective tin	ne, at 12:01 a.m. on the e	arlier of: (b) The	90th day after the
is filed.					
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		Kach		<b>→</b>	
	Signat	ure offa member or author	rized representative of a me	mber	
		Rachel			