Division of Corporations

Florida Department of State

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FASTKIT CORP Account Number : I2010000009 Phone : (305)599-0839 Fax Number : (305)592-9591

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SKYCLEAN SERVICES LLC

Certificate of Status Certified Copy Page Count 03 Estimated Charge \$25,00

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SKYCLEAN SERVICES LLC		
(Name of the Limited Liabili (A Florid	ity Company as it now appears on our records.) a Limited Liebility Company)	
The Articles of Organization for this Limited Liability C	Company were filed on AUGUST 14, 2023	and assigned
Florida document number £23000382275	'	
This amendment is submitted to amend the following:		
A. If amostling name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office uddress MUST BE A STREET ADDI	RESS) N/A	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	N/A	
	<u></u>	
 If amending the registered agent and/or registere igent and/or the new registered office address here: 	d office address on our records, enter the	name of the new regis
Pent and of the new registered on the Land con the c.		æ.
Name of New Registered Agent: N/A		
New Registered Office Address:		<u> </u>
THE WASSESSEE STATE OF THE SAME.	Enser Florida strees address	
	, Florida	ာ တွာ
	Cıry	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

Title	<u>Name</u>	Address	Type of Action
MGR	FRANCISCO J. LAYANA	8226 NW 9TH COURT	≅∧dd
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