## L23000509787

| (Requestor's Name)                      |   |
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| (Business Entity Name)                  |   |
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| (Document Number)                       |   |
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| Certified Copies Certificates of Status | _ |
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| Special Instructions to Filing Officer: |   |
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## **COVER LETTER**

## **ΓO:** Registration Section Division of Corporations

| SUBJECT:                   | ASKY HOME SERV                               | TICES, LLC  |  |
|----------------------------|--|---|--|
|                            | Name of Lin                                  | nited Liability Company   |  |
| The enclosed Articles of   | *Amendment and fee(s) are sub                | omitted for tiling.   | 2023 NOV 27  |
|                            |  | <u> </u>  | /27  |
| riease return an correspo  | ondence concerning this matter               | to the following.   | march<br>Factor  |
|                            | ANATOLII SKRIABIN                            |   |  |
|                            |  | Name of Person  |  |
|                            |  |   |  |
|                            |  | Firm/Company  |  |
|                            |  |   |  |
|                            |  | Address   |  |
|                            | NOKOMIS. FL 34275                            |   |  |
|                            |  | City/State and Zip Code   | <del></del>  |
|                            | SKRYABINANATOLIIII                           |   |  |
|                            |  | to be used for future annual report notificati                      | on)  |
| For further information of | concerning this matter, please c             | all:  |  |
| ANATOLII SKRIABIN          |  | 916 9185614   |  |
| Name o                     | of Person                                    | at () Area Code Daytime Tel   | ephone Number  |
|                            |  |   |  |
| Enclosed is a check for t  | he 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 Addres             | <u>ss:</u>                                   | Street Address:   |  |
| Registration !             | Section                                      | Registration Section  | n  |

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

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

|   | TALLAHASSEEL FLORGE   | 023 NOY 27 A |        |
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ASKY HOME SERVICES, LLC

| ( <u>Name of the Limit</u>  | <u>ed Liability Com</u><br>(A Florida Limite | i <mark>pany as it now appear</mark><br>d Liability Company) | <u>s on our records.</u> ) |                              |
|---|--|--|----------------------------|------------------------------|
| he Articles of Organization for this Limited Li<br>lorida document number 1.23000509787   |  | ny were filed on 11/   | 09/2023                    | 변호는 <b>오</b><br>and assigned |
| his amendment is submitted to amend the following   | owing:                                       |  |                            |                              |
| If amending name, enter the new name of   | the limited lia                              | ability company he   | <u>re</u> :                |                              |
| ASKU HOME SERVICES, LLC   |  |  |                            |                              |
| he new name must be distinguishable and contain the w                                     | ords "Limited Lia                            | bility Company," the de                                      | signation "LLC" or         | the abbreviation "L.L.C."    |
| Inter new principal offices address, if applica   | ıble:  | NA   |                            |                              |
| Principal office address MUST BE A STREE  | <u>T ADDRESS)</u>                            |  |                            |                              |
|   |  | <del></del>  |                            |                              |
| Enter new mailing address, if applicable:   |  | NA   |                            |                              |
| Mailing address MAY BE A POST OFFICE I  | <u>80X)</u>                                  |  |                            |                              |
| 3. If amending the registered agent and/or regent and/or the new registered office addres | K.7  | e address on our re  | ecords, enter the          | name of the new registered   |
| Name of New Registered Agent:   | NA   |  |                            |                              |
| New Registered Office Address:  |  |  |                            |                              |
|   |  | Enter Flori  | da street address          |                              |
|   |  |  | Florid                     | Zip Code                     |
|   |  | 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.

f 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> Fitle</u> | <u>Name</u> | Address          | Type of Action     |
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| ective date, if other than the date of effective date is listed, the date must be speed. If the date inserted in this block document's effective date on the Department. | cific and cannot be prior to do<br>es not meet the applicable | ate of filing or more than 9<br>statutory filing require | (optional)<br>0 days after filing.) Pursu<br>ements, this date will n | uant to 605.020<br>not be listed as |
| cord specifies a delayed effective date, s filed.  | but not an effective time.                                    | at 12:01 a.m. on the ea                                  | rlier of: (b) The 90th  | n day after the                     |
| ed NOVEMBER 20   | 2023  |  |   |                                     |
| 0  |   |  |   |                                     |
| (14)   | re of a member or authorize                                   |  |   |                                     |