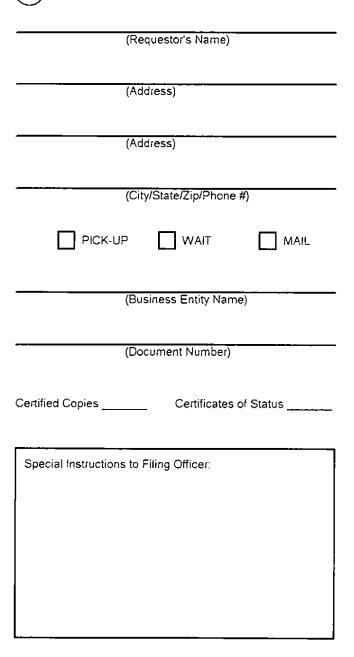
# L23000520773



Office Use Only



300420228293

12/14/23--01015--004 \*\*30.00

SECRETARY OF STATE

FILED

#### **COVER LETTER**

TO: Registration Se Division of Cor					
SK Stays L	LC	,			
SUBJECT:	Name of Lim	ited Liability Company			
	Name of Lim	ned Cladinty Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	KLIVE M. FORDE				
		Name of Person			
	SK STAYS LLC				
		Firm/Company			
	-	Address			
	OCALA, FL 34476				
	-	City/State and Zip Code	<del></del>		
	E-mail address: (	to be used for future annual report noti	fication)		
For further information of	concerning this matter, please c	all:			
KLIVE M FORDE		850 339-0936			
Name of Person		at () Area Code Daytim	e Telephone Number		
Coolanad is a shoot for t	ha fallanina amanut				
Enclosed is a check for t		7": A== 40 MM	□ 670 00 PH P		
□ \$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)		
		6			
Mailing Address: Registration Section		<u>Street Address:</u> Registration Se	ction		
Division of C		Division of Cor			
P.O. Box 633	27	The Centre of T	l'allahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SK STAYS LLC		<u> </u>
(Name of the Limited Liability Co. (A Florida Limi	mpany as it now appears on our record ted Liability Company)	<u>(18.</u> )
The Articles of Organization for this Limited Liability Comparing L23000520773  Florida document number	any were filed on 11/17/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
SK RETREATS LLC		
The new name must be distinguishable and contain the words "Limited L	liability Company," the designation "LLC	2" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	2	<u>ာ္</u> မ <b>28</b>
		SE CARET
		語。 F
Enter new mailing address, if applicable:		% <b>m</b>
(Mailing address MAY BE A POST OFFICE BOX)		D SEE
	·	TF U
		m
B. If amending the registered agent and/or registered offingent and/or the new registered office address here:	ice address on our records, <u>enter</u>	the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre.	SS .
	, Fl	lorida
	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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
		<del></del>	□Add
			□ Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
<del>.</del>			□Add
			□Remove
			□ Changa

## Page 2 of 3

lf an ef <u>Note:</u>	ive date, if other than the date of filing:
ne re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	12/8/2023
	$\mathcal{L} \mathcal{L} \mathcal{L} \mathcal{L} \mathcal{L} \mathcal{L} \mathcal{L} \mathcal{L} $
	Signature of a member or authorized representative of a member