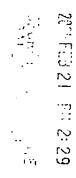
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COVER LETTER

TO: Registration Section Division of Corporation			••
SUBJECT: SK	Y Finan Ca Name of Limit	al Scope L	LC_
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspond	dence concerning this matter t	o the following:	
	Julian	Haxho Name of Person	
	SKy Fino	MCIAL SCOPE	LLLC
	6622 SW	148th St. Ap	t. B_
	Davie, F	City/State and Zip Code	
	haxho. W	lian eamail.	ation)
For further information cor	ncerning this matter, please cal	II:	
Suli On Name of F	Person	at (954) 893- Area Code Daytime T	3138 Clephone Number
Enclosed is a check for the	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 Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

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

SKY Firancial	SCODA LLC
Name of the Limited Liability Company at (A Florida Limited Liabi	it now appears on our records.)
	1/02/01/
The Articles of Organization for this Limited Liability Company wer	e filed on and assigned
Florida document number <u>L 24 0000 4335 1</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	company here:
The new name must be distinguishable and contain the words "Limited Liability C	annear, "the decimation of LC" as the abbundation of LC."
The new name must be disonguishable and contain the words. Enimed Liability C	ompany, the designation LLC of the abbreviation L.E.C.
Enter new principal offices address, if applicable:	~~
(Principal office address MUST BE A STREET ADDRESS)	77
_	<u></u>
	N N
Enter new mailing address, if applicable:	-
<u> </u>	:
(Mailing address MAY BE A POST OFFICE BOX)	
_	<u></u>
B. If amending the registered agent and/or registered office addragent and/or the new registered office address here:	ess on our records, <u>enter the name of the new registered</u>
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 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
P	Julian Haxho	6622 SN 48th St. Apt. E Davie, Fl. 33314	<u> </u>
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			Change
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			□Remove
			□Change
			_ □Add
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record specif I is filed.	ies a delayed effective date.	but not an effect	ive time, at 12	:01 a.m. on the e	arlier of: (b)	The 90th	ı day afte
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Filing Fee: \$25.00