L24000147042

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer.				

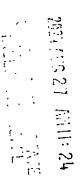
Office Use Only



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8/29/25



COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Co	rporations		
SKI PROF SUBJECT:	PERTIES, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	PAUL CIPPARONE, ESO	QUIRE	
		Name of Person	
	CIPPARONE & CIPPAR	ONE, P.A.	
		Firm'Company	
	1525 INTERNATIONAL	PKWY., STE. 1011	
		Address	······································
	LAKE MARY, FL 32746		
		City/State and Zip Code	<u> </u>
	PCIPPARONE@CIPPARO		
For further information c	e-mail address: (to be used for future annual report noti	fication)
PAUL CIPPARONE	sincerning this matter, preuse c	321 275-5914	
Name of Person		at ()	a Talanhara Manahara
Thank V	11 (18/2)	Area Code Daytin	e Telephone Number
Enclosed is a check for the	ie 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 Registration S		Street Address:	Mion
Registration Section Division of Corporations		Registration Sec Division of Cor	
P.O. Box 6327		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SKI PROPERTIES, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on MARCH 26, 2024 ___ and assigned Florida document number L24000147042 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 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _. Florida City

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
MGR	DAVID GLINSKI	485 LAKESHORE DRIVE	
		LAKE MARY, FL 32746	□Remove
		-	□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□ Change?
			□ Add S
			Remove-

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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Note: 1	ve date, if other than the date of filing:	
f the record ecord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.	he
Dated _		S
	Signature of a member of authorized representative of a member	7) 22 34
		 5
	Typed or printed name of signee	J

Filing Fee: \$25.00