

L24000207877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

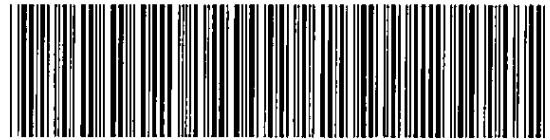
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100432581011

07/11/24--01040--021 \*\*25.00

2024 JUL 11 PM 5:46

cf 7/22/2024

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Skyward Solutions Digital Services LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sophia Dos Santos

Name of Person

Skyward Solutions Digital Services LLC

Firm/Company

601 N Federal Hwy. Apt. 314

Address

Panama Beach, FL 33062

City/State and Zip Code

Sophia.dos.santos.24@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sophia Dos Santos

Name of Person

at (786) 457-1792

Area Code

Daytime Telephone 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

Skyward Solutions Digital Services LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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)***

601 N Federal Hwy.  
Apt. 314  
Pompano Beach, FL 33062

**Enter new mailing address, if applicable:**

***(Mailing address MAY BE A POST OFFICE BOX)***

601 N Federal Hwy.  
Apt. 314  
Pompano Beach, FL 33062

**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:

Sophia Dos Santos

New Registered Office Address:

601 N Federal Hwy. Apt. 314

Enter Florida street address

Pompano Beach, Florida FL 33062  
City 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.*

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Sophia Dos Santos	601 N Federal Hwy.	<input checked="" type="checkbox"/> Add
		Apt. 314	<input type="checkbox"/> Remove
		Pompano Beach, FL 33062	<input type="checkbox"/> Change
AMBR	Sophia Dos Santos	"As Above"	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jason Holladay	601 N. Federal Hwy	<input checked="" type="checkbox"/> Add
		Apt. 314	<input type="checkbox"/> Remove
		Pompano Beach, FL 33062	<input type="checkbox"/> Change
AMBR	Jason Holladay	"As Above"	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Both Jason Holladay and  
Sophia Dos Santos are/Should be  
listed as business owners and operators;  
in full-capacity.

E. Effective date, if other than the date of filing: June 15, 2024 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated June 15, 2024.

  
Signature of a member or authorized representative of a member

Jason Holladay  
Typed or printed name of signee