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COVER LETTER

TO:	Registration Se Division of Cor							
	Sky Pavers LLC							
SUBJEC	JT:		ited Liability Company	·				
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please re	eturn all correspo	ondence concerning this matter	to the following:					
		Alan Manieri						
			Name of Person					
		Sky Pavers LLC						
			Firm/Company					
		1034 Chinaberry Rd.						
			Address					
		Clearwater, FL 33764						
		skypavers@gmail.com	City/State and Zip Code					
		E-mail address: (to be used for future annual report no	titication)				
For furth	ner information c	oncerning this matter, please e	all:					
Thalyta	Manieri		727 450-9032					
	Name o	f Person	at () Area Code Daytii	ne Telephone Number				
Enclosed	d is a check for the	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 Address: Registration Section		Street Address: Registration S	ection					
Division of Corporations			Division of Corporations					
	P.O. Box 632	27	The Centre of	Tallahassee				
	Tallahassee,	FL 32314	2415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SKY PAVERS 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 $\frac{05/02/2024}{1}$ and assigned Florida document number 1.24000217624 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 "LLC." 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 agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

Cin

If Changing Registered Agent, Signature of New Registered Agent

, Florida ___

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
AMBR	Alan Manieri	1034 Chinaberry Rd. Clearwater FL, 33764	
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record specifies a dela is filed.	ived effective date,	but not a	in effective	time, at 12	::01 a.m. or	the earlier	of: (b) The	: 90th de	ay after the
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Filing Fee: \$25.00