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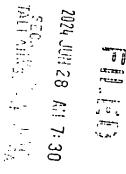
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION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

Sky Vlew Tree (Name of the Limited Liability Comp. (A Florida Limited	Service L any as it now appears on our reco Liability Company)	rds.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000840182</u>	were filed on <u>5/23/</u>	2029 and assigned	
This amendment is submitted to amend the following:		2024 - \$\frac{1}{1}ALL	
A. If amending name, enter the new name of the limited liab	oility company here:	JU! 28	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "Ll	LC" or the abbreviation "L.L.C."	,
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		<u>इं</u> से <u>अ</u> 	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ent</u>	er the name of the new regi	stered
Name of New Registered Agent:	· · · · · ·	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida street aådi	ress	
		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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Sharon L. Byrd	443 fernsylvania Ave Osprey, PL, 34229	□Add
			5≥Remove
			□Change
	· .		□Add
			□Remove
			□Change
<u>MGR</u>	Vaughn G. Tibus	443 Removiventa Ave, Ospri FL, 34029	Ly Exid
			□Remove
			□Change
			□Add
	·	·	□Remove
			□Change
			□Add
		-	□Remove
			□Change
			□∧dd
			□Remove
			FIG. honor

(If an e <u>Note</u>	etive date, if other than the date of filing:
f the reco	ord 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 filed,
Date	6/21/2024
	Signature of amember or authorized representative of a member
	,