

ma00000363

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000041474 3)))



H220000414743ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516)935-3940
Fax Number : (516)935-3088

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: GILLES@GILLESEN.NO

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
OCHE MIAMI LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$30.00

2022 FEB -1 PM 12:03

11-11-11

22 FEB -1 PM 2:58

100

Electronic Filing Menu

Corporate Filing Menu

Help

T. LEMIEUX
FEB 02 2022

H22000041474

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: OCHE MIAMI LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M20000003363

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: MARCH 30, 2020

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: SKYLIQ MIAMI LLC
(must contain "Limited Liability Company," "LLC," or "L.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "LLC," or "L.L.C.")

6. If amending the registered agent and/or registered officer 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 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

H22000041474

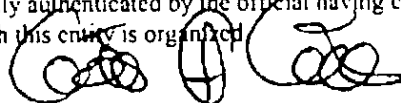
H22000041474

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Add
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Remove
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Add
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Remove
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Add
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Remove
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Add
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Remove
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Add
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized



Signature of the authorized representative

GILLES A GILLESSEN

Typed or printed name of signee

State of Delaware
 Secretary of State
 Division of Corporations
 Delivered 08:02 AM 01/13/2022
 FILED 08:02 AM 01/13/2022
 SR 20220112828 - File Number 7846873

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: OCHE MIAMI LLC

2. The Certificate of Formation of the limited liability company is hereby amended as follows:

Article 1:

The name of the limited liability company is:

SKYLIQ MIAMI LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on
 the 12TH day of JANUARY, A.D. 2022.

By: /s/ GILLES A GILLESEN
 Authorized Person(s)

Name: GILLES A GILLESEN
 Print or Type