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## **COVER LETTER**

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Sky Development Inc
DOCUMENT NUMBER: P0600051923
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
<u>Virhat Toledano</u> Name of Contact Person
Sky Development Inc
2999 NE 191 St. PH2
AVENTURA FC 33780  City/ State and Zip Code
412hak @ Skydevelopmentinc. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Vizhak Toledano at (305) 933 4646  Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of An to Articles of Inco	
Sky Development  (Name of Corporation as currently filed with the second of the second	he Florida Dept. of State)  On (if known)
(Document Number of Corporati	on (if known)
Pursuant to the provisions of section 607.1006, Florida Statutamendment(s) to its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	<u>ı:</u>
name must be distinguishable and contain the word "corpabbreviation "Corp.," "Inc.," or Co.," or the designation "Coname must contain the word "chartered," "professional associans.  B. Enter new principal office address, if applicable: (Principal office address)	orp," "Inc," or "Co". A professional corporation
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add	
Name of New Registered Agent:	
New Registered Office Address: (Flori	da street address)
(City)	, Florida (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

<u>Title</u>	Name	<u>Address</u>	Type of Action
<u>Secretary</u>	Liat Toledano	2999 NE 1916 Street PH2 Aventura FC 33180	Add Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
	t or adding additional Articles, enter clional sheets, if necessary). (Be specific		
provisions	dment provides for an exchange, recla for implementing the amendment if no applicable, indicate N/A)		

The date of each amendment	(s) adoption: 3-14-()
,	(date of adoption is required)
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we oy the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated	3-19-11
sele	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	(Title of person signing)