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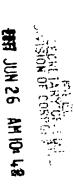
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COVER LETTER

NAME OF CORPORATION: SKYWELLES BYOLLYS COXP DOCUMENT NUMBER: <u>P1700010394</u> The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Almahoy (t. #100 MOD anothulozzzania For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: S52.50 Filing Fee ☐ \$35 Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed)

Mailing Address

TO: Amendment Section

Division of Corporations

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

		117
Articles	of	Incorporation
		. c

A	to articles of Incorporation	- E
	of	3 3
Skylletles Pr	others Corp.	星架
(Name of Corporatio	n as currently filed with the Florida Dept. of State)	2
P17000	0103910	- Q
(Docume	ent Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the follo	owing amendment(
A. If amending name, enter the new name of the cor	rporation <u>:</u>	
NIA		The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the a	! "corporation," "company," or "incorporated" or th " "Inc," or "Co". A professional corporation name m abbreviation "P.A."	e ahbreviation ust contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDI		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	o NA	
D. If amending the registered agent and/or registere		
new registered agent and/or the new registered o	<u>iffice address:</u>	
Name of New Registered Agent	A	
New Registered Office Address:N	Y Florida	
	(City)	Zip Code)
N/A	stered Agent: 'am familiar with and accept the obligations of the position of	on
муна	ant of oth heginered 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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT John	Dor				
		John Doe				
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>				
X Add	SV Sally	Smith				
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address			
1) Change	VP_	MAXIMILIAND LODEZ HERNANDEZ	3738 ESTELLE St.			
Add		MERNANDEZ	FORT Myers, FL 33916			
X Remove						
2) K Change	VTR	REYNA C+ MARTINEZ	5400 BERRYMAN St.			
Add			Lehigh Acres, EL 3397			
Remove						
3) Change						
Add						
Remove						
4) Change						
Add						
Remove						
5) Change						
Add						
Remove						
6) Change						
Add						
Remove						

Attach <i>additiona</i>	adding additional Arti I sheets, if necessary).	(Be specific)	<u>e(s) nere</u> .			
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. <u>If an amendme</u>	it provides for an exch	ange, reclassifica	ation, or cancell	ation of issued sh	iares,	
provisions for	implementing the ame icable, indicate N/A)	ndment if not co	ntained in the ai	mendment itself:		
(у погару. П	veume, maieaie 1974) A					
$\mathcal{N}(I)$	<u> </u>					
					<u> </u>	

The date of each amendment(s) adoption: <u>JUDE 16</u> , <u>2017</u> date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wi document's effective date on the Department of State's records.	ll not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Signature X Signat	
REYNA G. MARTINEZ (Typed or printed name of person signing)	
Vice President Trustee (Title of person signing)	