## P24000010685

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
(Olly Old Co. Ziph Holle #)	
PICK-UP WAIT MAIL	
(Duningon Entity Alama)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	
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SECRETARY OF STATE TALLAHASSEE, FL







June 25, 2024

ANNA BRZOSKA 2166 ANTIGUA LN NAPLES, FL 34120

SUBJECT: AK & LR SKYE INC Ref. Number: P24000010685

We have received your document for AK & LR SKYE INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check one of the adoption of amendment boxes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (aso) 245-6050.

Morgan E Lovett Regulatory Specialist II

Letter Number: 424A00013881

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

P.O. Box 6327 Tailahassee, FL 32314

NAME OF CORPO	PRATION: AK & LR SKYE II	NC				
DOCUMENT NUM	D24000010695					
The enclosed Article.	s of Amendment and fee are su	bmitted for filing.				
Please return all corre	espondence concerning this ma	tter to the following:				
	ANNA BRZOSKA					
		Name of Contact Person	1			
	AK & LR SKYE INC					
		Firm/ Company				
	2166 ANTIGUA LN					
		Address				
	NAPLES, FL, 34120					
		City/ State and Zip Code	:			
	ANNAKAMILA007@YAHO	оо.сом				
	E-mail address: (to be us	ed for future annual report	notification)			
For further information	on concerning this matter, pleas	se call:		S	201	
ANNA BRZOSKA		562	881 1973	Z C C	2024 JUL 30	1. APR
Name	of Contact Person	Area Coo	de & Daytime Telephone Number		}	ر ه مجمورين ۱۹۱۹م
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	RY C	30 PH	
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	ECRETARY OF STATE TALLAHASSEE, FL	H 3: 29	τ.
Am	niling Address mendment Section rision of Corporations	Amend	Address ment Section n of Corporations			

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## Articles of Amendment Articles of Incorporation of

AM SET DISENSE INC

(Manie of Corpo	ration as currently filed with the Florida Dept. of State)
P24000010685	
(Do	ocument Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Flo ts Articles of Incorporation:	orida Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the	ne corporation:
	The new
	I "corporation," "company," or "incorporated" or the abbreviation "Corp.," Inc," or "Co". A professional corporation name must contain the word bbreviation "P.A."
3. Enter new principal office address, if applications of the principal office address MUST BE A STREET A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)
	SE 200
If amending the registered agent and/or reginew registered agent and/or the new register	istered office address in Florida, enter the name of the red office address:
	30
Name of New Registered Agent	
Name of New Registered Agent	\$ 50 P
Name of New Registered Agent	(Florida street address)
Name of New Registered Agent  New Registered Office Address:	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
i) Change	P	ANNA BRZOSKA	2166 ANTIGUA LN	
X Add			NAPLES FL 34120	
Remove				
2) Change				
Add				
Remove Change				
Add				
Remove			2024 SECT	
4) Change			LEAST JUL .	
Add			30 HAS	
Remove			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1
5) Change				٠.
Add				
Remove				
6) Change				
Add				
Remove				

If amending or adding additional Articles, enter change(s) here:  Attach additional sheets, if necessary). (Be specific)		
	<del></del>	
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		•
	S S	2
f an amendment provides for an exchange, reclassification, or cancellation of issued shares,	TA ECC	-
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)		<b>=</b> .
	SECRETARY OF STATI	nn 30 PM
	<del></del>	P <b>X</b>
	1 0	بي
	<u> </u>	3. 29
		•

The date of each amendment(s) a date this document was signed.	doption:		, if other than the
Effective date if applicable:			
	(no more than 90 days after amo	endment file date)	
Note: If the date inserted in this bedocument's effective date on the D	lock does not meet the applicable statutory fepartment of State's records.	iling requirements, this date w	vill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/were adaction was not required.	opted by the incorporators, or board of director	rs without shareholder action a	nd shareholder
The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of vote afficient for approval.	es cast for the amendment(s)	
	proved by the shareholders through voting gro- each voting group entitled to vote separately		
"The number of votes cast	for the amendment(s) was/were sufficient for	approval	
by	(voting group)	."	•
	(voting group)		
05/07/2024 Dated			
Signature	Anna Brosla		
selecte	rector, president or other officer – if directors d, by an incorporator – if in the hands of a recorded fiduciary by that fiduciary)		
	ANNA BRZOSKA		20 S
	(Typed or printed name of person	signing)	PA J
	PRESIDENT		夏馬並
	(Title of person signing)		30 PH 3 29

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