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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: SKY BLUE CR INC DOCUMENT NUMBER: P24000054610 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ELIAZAR CONTRERAS SALAZAR Name of Contact Person SKY BLUE OR INC Firm/ Company 131 CRAEN DR Address DAVENPORT, FL 33897 City/ State and Zip Code contreraseliazar@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ELIAZAR CONTRERAS SALAZAR Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address

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

Amendment Section
Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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Articles of Amendment to Articles of Incorporation of

SKI BEUE CKINC			
(Name of Cor P24000054610	noration as currently filed with the Florida	Dept. of State)	
(Document Number of Corporation (if known)		
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:			amendment(s)
A. Hamending name, enter the new name of	the corporation:		
name must be distinguishable and contain the we "Inc.," or Co.," or the designation "Corp." "chartered," "professional association," or the			The new "Corp.," the word -
B. Enter new principal office address, if appl	licable:		
(Principal office address MUST BE A STREE	TAPDRESS)		
		P4:	<u>. </u>
	 ,,,	P	<u>-</u>
C. Enter new malling address, if applicable;			
(Mailing address MAY BE A POST OFFIC	E BOX)		
		SE	
		: o c	,
		<u> </u>	,
D. If amending the registered agent and/or re new registered agent and/or the new regis	egistered office address in Florida, enter the	ename of the	>
	tered office address;		
Name of New Registered Agent		······	
			
	(Florida street address)		
New Registered Office Address:		, Florida	
	(City)	(Lip Cou	(c)
	·		
New Registered Agent's Signature, if changin	g Registered Acont:		
hereby accept the appointment as registered ag	gent. I am familiar with and accept the obliga	itions of the position.	
	Signature of New Registered Agent, if changi	ing	
Check if applicable	· · · · · · · · · · · · · · · · · · ·	••	
☐ The amendment(s) is/are being filed pursuant	to s. 607.0120 (11) (e), F.S.		

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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>P.L</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
I) Change	v	LEONOR ROSARIO ALMANZAR	131 CRAEN DR
Add			DAVENPORT, FL 33897
2) Change			
Add			
Remove 3) Remove			
Add			
Remove			
4) Change			
Remove			10 J
5) Change	·		(H) (H)
Add			<u> </u>
Remove			1E 20
δ)Change	 		
Remove		•	

<u>If amending or adding additional Articles, enter change(s) here:</u> Attach additional sheets, if necessary). (Be specific)			
			
			
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	SS CI		
an amendment provides for an exchange, reclassification, or cancellation of issued shares,	in so thank		ľ
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	- CO	ب	
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From: Isabel Urdaneta

The date of each amendment(s) date this document was signed.	adoption:		er than the
	0/24/2024		
·	(no more than 90 days after amendment file date	·)	-
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirement Department of State's records.	nts, this date will not be lis	ited as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were at action was not required.	dopted by the incorporators, or board of directors without share	nolder action and sharehold	er
The amendment(s) was/were as by the shareholders was/were:	dopted by the shareholders. The number of votes east for the ar sufficient for approval.	nendment(s)	
☐ The amendment(s) was/were as must be separately provided for	approved by the shareholders through voting groups. The follown reach voting group entitled to vote separately on the amendme	ng statement ntts):	
	st for the amendment(s) was/were sufficient for approval	(
	(voting group)		
09/24/202 Dated	4		
	20		
Signature <u>Ca</u>	disaster mariful disaster		
sciecti	director, president or other officer – if directors or officers have ed, by an incorporator – if in the hands of a receiver, trustee, or need fiduciary by that fiduciary)	not been other court	
	ELIAZAR CONTRERAS SALAZAR	;	
	(Typed or printed name of person signing)		•
	PRESIDENT		
	(Title of person signing)	AH 9	