# L04000031824

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SECRETARY OF STATE DIVISION OF CORPORATION

J. BRYAN

SEP 1 5 2008

**EXAMINER** 

# **COVER LETTER**

TO:	Registration Section . Division of Corporations	
SUBJ	ECT: SKYLINE REALTY FLA, LLC (Name of Limited Liability Company)	
	(Name of Britinea Basini, Company)	
The en	closed Articles of Amendment and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	EVANGELINE GOVLETAS (Name of Person)	
	SKYLINE EQUITIES REALTY (Firm/Company)	DIVISION SECRE
	800 BRICKELL AVE, SUITE ZON	SECRETARY OF ORATIONS DIVISION OF 12 MII: 27
	MIAMI, FL 33131 (City/State and Zip Code)	CORPORATIONS
For fu	rther information concerning this matter, please call:	
1	11CHAEL BIBR at (786) 470 - 3276 (Name of Person) (Area Code & Daytime Telephone Number)	
Enclos	sed is a check for the following amount:	
<b>A</b> \$2:	5.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  Solution Fee Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	

### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



SKYLINE REALTY  (Name of the Limited Liability Compar (A Florida Limited L	FLA, LLC  iv as it now appears on our records.)  iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>LO400031824</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
SKYLINE REALTY INTERNA	TIONAL, LLC
SKYLINE REALTY INTERNA The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	800 BRICKELL AVE
(Principal office address MUST BE A STREET ADDRESS)	SVITE 201
	MIAMI, FL 33131
Enter new mailing address, if applicable:	800 BRICKELL AVE
(Mailing address MAY BE A POST OFFICE BOX)	SVITE 201
	SVITE 201 MIAHI, FL 33131
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	(Enter Florida strect address)
	, Florida

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 608, 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = M MGRM =	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
	<u> </u>		Add Remove
D. If amei	REHISTERED ALENT!	ALLED FROM 310 TO	SECRETA DIVISION OF  08 SEP 1;
_			CORPORATION  CORPORATION  CORPORATION  CORPORATION  CORPORATION
Dated	Signature of a member	of authorized representative of a member  Coult TAS  or printed name of signee	TE SNOT

Page 2 of 2

Filing Fee: \$25.00