

L04000088311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

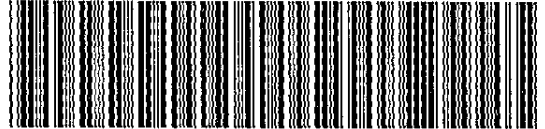
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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

BRYS FEB 23 2006

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sky Land Realty Group LLC.  
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Myava Rodriguez  
(Name of Person)

Sky Land Realty Group  
(Firm/Company)

4248 Town Center Blvd. Suite5  
(Address)

Orlando, FL. 32837  
(City/State and Zip Code)

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Fabian Cancel (President) at ( 321 ) 206-5550  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & 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**

Sky Land Realty Group LLC

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on December 08, 2004 and assigned document number L04000088311

**SECOND:** This amendment is submitted to amend the following:

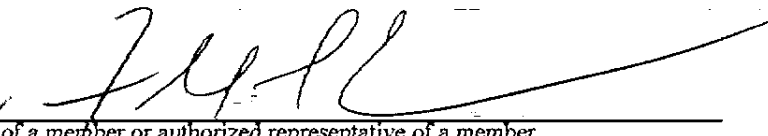
Fabian Cancel- President membership percentage to be 50%.

Myava Rodriguez (Real Estate Broker) management membership percentage to be 50%.

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\_\_\_\_\_  
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TALLAHASSEE, FLORIDA

Dated January 29, 2006

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Fabian Cancel  
\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**