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(Reque	stor's Name)		
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PICK-UP	TIAW	MAIL MAIL		
(Business Entity Name)				
(Docum	nent Number)		
Certified Copies	Certificate	es of Status		
Special Instructions to Filin	g Officer:			

Office Use Only



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COVER LETTER

Division of Corporations					
SUBJECT: SKY L	AND REALTY GRO	OUP, LLC			
SUBJECT:		nited Liability Company)			
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	ondence concerning this matte	r to the following:			
FABIAN CANCEL					
(Name of Person)					
SKY LAND REALTY GROUP, LLC					
(Firm/Company)					
50-52 W. OAK ST.					
	· · · · · · · · · · · · · · · · · · ·	(Address)			
	KISSIMMEE, FL 3	34741			
	(City/State and Zip Code)			
For further information	concerning this matter, please	call:			
FABIAN CANO	CEL	at (407) 407-513-4930 (Area Code & Daytime Telephone Number)			
(Name	e of Person)	(Area Code & Daytime Telephone Number)			
Enclosed is a check for the	e following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

TO:

Registration Section

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SKY LAND REALTY GROUP, LLC

(Present Name)
(A Florida Limited Liability Company)

Filing Fee: \$25.00