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Division of Corporations

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Account Name : DOMINGO, ALONSO C.P.A.

Account Number : I20020000031 : (305)448~3898

Phone Fax Number 1 (305)443-9073

SKYLINE CUSTOMS SERVICES, LLC

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Corporate Filing Menu

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limite	d Liability Comp	any as it now annears on al	Ir records		
(Traine of the Limite	A Florida Limited	any as it now appears on or Liability Company)	<u></u>		
•		•	5 %		
The Articles of Organization for this Limited I	Liability Compan	y were filed on <u>07/24/20</u> 0	R and assigned		
Florida document number 1.08000071480	M		- 350		
THAT THE TOTAL THE TANK THE TA		•	= 65		
			<b>8</b> 22		
This amendment is submitted to amend the fol	lowing:		· jor		
4 T5 11	- C 11 1224 - 3 Wal	L 114	0 %		
A. If amending name, enter the new name	or the hinited ha	omity company nege:			
N/A	<u> </u>				
The new name must be distinguishable and end w	ith the words "Lin	nited Liability Company," the	e designation "LLC" or the abbreviation		
"L.L.C."					
Enter new principal offices address, if appli	cable:	N/A	•		
• • •					
<u>(Principal office address MUST BE A STRE</u>	ET ADDRESS)		·		
Enter new mailing address, if applicable:		N/A			
	z now`				
<u>(Mailing address MAY BE A POST OFFICE</u>	BOX)				
		<u> </u>			
•					
B. If amending the registered agent and			cords, enter the name of the new		
registered agent and/or the new registered	office address he	<u>re</u> :			
Name of New Registered Agent:	N/A				
THE OLIVON YOURSESSIES IN THE					
New Registered Office Address:					
		(Enter Florida street address)			
			Florida		
		(City)	(Zip Code)		
		(4-7)	(0.)		

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 Changing Registered Agent, Signature of New Registered Agent)

3054439073

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

MGR = Manager MGRM = Managing Member

Title	<u>Name</u>		Address	Type of Action
MGRM	RODRIGO A SC	<del>PACHEC</del> O		Add Remove
MGRM	PAULO R. QUE	RINO ESTEVAN		Add Remove
MGRM	CINTIA ALTHE	MAN		Add Remove
				Add Remove
				Add
				Add Remove
	ending any other info	mation, enter change(s	i) here: (Attach additional sheets, if necessary.)	OR HOY 24
-				FOR STATEMS CORPORATIONS
Dated <u>NO</u>	VEMBER 21, 2008			
	· CIN	NTIA ALTHEMAN	printed name of signee	

Page 2 of 2