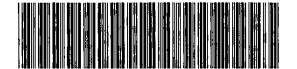
(Requestor's Name)		
(Address)		
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PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Do	ocument Number)	· · · · · · · · · · · · · · · · · · ·
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## **COVER LETTER**

TÖ:	Registration Sect Division of Corp						
CUDIC	Skyline Fi	ber Optic Solutions, Ll	_C				
Name of Limited Liability Company							
The end	losed Articles of A	mendment and fee(s) are sub	mitted for filing.				
Please 1	return all correspon	dence concerning this matter	to the following:				
		Desiree L. Alfonso					
		<u> </u>	Name of Person		•		
		Skyline Fiber Optic	Solutions, LLC		•		
			Firm/Company		•		
		19430 SW 208 Stree	et		,		
			Address		i.	20	
		Miami, Florida 3318	7		全	NON H	
			City/State and Zip Code				
		dalfonsoskyline@yah	NOO.COM  to be used for future annual report notific		n K	PK	
For furt	her information co	e-mail address: (	•	cation)	STAF	M 2: 0	Tour of
Desir	ee L. Alfonso		305 878-4774		THE	យា	
	Name of	Person		Telephone Number	,		
Enclose	ed is a check for the	e following amount:					
□ \$25	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status		

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 Fiber Optic Solutions, LLC		
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L14000104169	were filed on 06/30/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	19430 SW 208 Street	
(Principal office address MUST BE A STREET ADDRESS)	Miami, Florida 33187	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Enter new mailing address, if applicable:	19430 SW 208 Street	NOV 17
(Mailing address MAY BE A POST OFFICE BOX)	Miami, Florida 33187	RG <b>3</b> (1)
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		oter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	a
· · · · · · · · · · · · · · · · · · ·	City	Zip Code

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 605, 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

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

MGR = 'Manager AMBR = Authorized Member

IREE L ALFONSO	Miami, Florida 33125  19430 SW 208 Street  Miami, Florida 33187	□ Add ■ Remove ■ Add □ Remove
IREE L ALFONSO	19430 SW 208 Street	Add
IREE L ALFONSO		
	Miami, Florida 33187	Remove
		☐ Remove
_		NO Add
		PB cmd 2: 05
	<del></del>	
		☐ Remove
		□ Add
		☐ Remove

). If amending any other information, enter change(s) here: (Attach ad	dditional sheets, if necessary.)
Effective date, if other than the date of filing:  (The effective date must be specific, cannot be prior to date of receipt or filed date and cathe date this document is filed by the Florida Department of State)	(optional) annot be more than 90 days after
Dated 11/12/2014	
Signature of a member or authorized represer	stative of a weather
Desiree L. Alfonso	native of a member
Typed or printed name of sign	nee

Page 3 of 3

Filing Fee: \$25.00

