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01/25/21--01038--005 ++25.00





COVER LETTER

TO: Registration Se Division of Cor						
	STARS LLC					
SUBJECT:	Name of Lim	nited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspon	ondence concerning this matter	to the following:				
	DIANA GASPARINI					
		Name of Person				
	SKYLINE STARS LLC					
		Firm/Company				
28870 US HWY 19 NORTH STE.362				2021		
	*****	Address		2021 JAN		
	CLEARWATER, FL 3376	51	: 	25		
		City/State and Zip Code	1.11(-) 	PM 2: 0'9		
	support@myusaservice.cor		 만 S	is r		
For further information o	E-mail address: (oncerning this matter, please c	to be used for future annual report noti	fication)	0.9		
	oncerning this matter, piease e					
ANTONIO DURANTE		at ()				
Name o	f Person	Area Code Daytim	e Telephone Number			
Enclosed is a check for the	ne following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Co (additional cop	of Status & Ppy		
Mailing Addres Registration S		<u>Street Address:</u> Registration Sec	ction			
Division of Corporations			Division of Corporations			
P.O. Box 632		The Centre of T	allahassee			
Tallahassee, l	FL 52314	2415 N. Monro	e Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SKYLINE STARS LLC		
(<u>Name of the Limited Liability Company</u> (A Florida Limited Liab	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company we florida document number $\frac{1.20000135514}{1.0000135514}$.	ere filed on 05/19/2020	and assigned
this amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabilit	y company here:	
DIANA REAL ESTATE GROUP LLC		
he new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbrev	riation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	70.	202
_	. <u> </u>	
		N :=
inter new mailing address, if applicable:	•	
Mailing address MAY BE A POST OFFICE BOX)	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
-	T.A.	0 5
-	153	9
3. If amending the registered agent and/or registered office add gent and/or the new registered office address here:	lress on our records, <u>enter the name o</u>	f the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	-
	, Florida	
	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.

f Changing	Registered	Agent	Signature	of New	Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	TOCCO, STEFANO	VIALE POETTO 94	□Add
		CAGLIARI, CG 09126 IT	■Remove
			[] Change
AMBR	FLORIO, SIMONE	LARGO VULCI 9	🗆 Add
		MILANO, ML 20159 IT	■Remove
			□ Change
AMBR	MAZZINI, LUCA	VIA PIAVE 8	□Add
		CASTELLO DI BRIANZA, LC 23900 IT	≣Remove
		60 	<u>2</u> □Change
AMBR	PARRINELLO, ALESSANDRA	VIA S.GIOVANNI DELLA PAGLIA 24	Change JAN 25
		VILLAFRANCA DI VERONA, VR 37069 IT.:	PH Remove
			.: O9 □Change
AMBR	FERRARO, AGOSTINO	VIA NINO BIXIO 252	= Add
		VILLAFRANCA DI VERONA, VR 37069 IT	□Remove
			□Change
AMBR	LEDRI, GABRIELE	VIA S.GIOVANNI DELLA PAGLIA 24	≣ Add
		VILLAFRANCA DI VERONA, VR 37069 IT	□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 1 0 2 E. Effective date, if other than the date of filing: (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated ___ JANUARY 19TH 2021 Signature of a member or authorized representative of a member ANTONIO DURANTE