

L20 0000135514

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

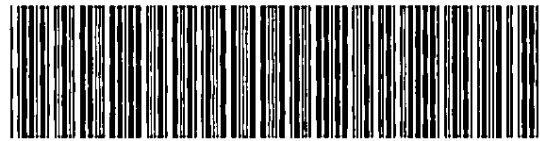
(Business Entity Name)

(Document Number)

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IN. 21 FL

3/8/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SKYLINE STARS LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

DIANA GASPARINI

Name of Person

SKYLINE STARS LLC

Firm/Company

28870 US HWY 19 NORTH STE.362

Address

CLEARWATER, FL 33761

City/State and Zip Code

support@myusaservice.com

E-mail address: (to be used for future annual report notification)

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CLERK OF STATE
TALLHASSEE, FL

For further information concerning this matter, please call:

ANTONIO DURANTE

7867961303

Name of Person

at (_____) _____

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SKYLINE STARS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/19/2020 and assigned Florida document number L20000135514.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

DIANA REAL ESTATE GROUP LLC

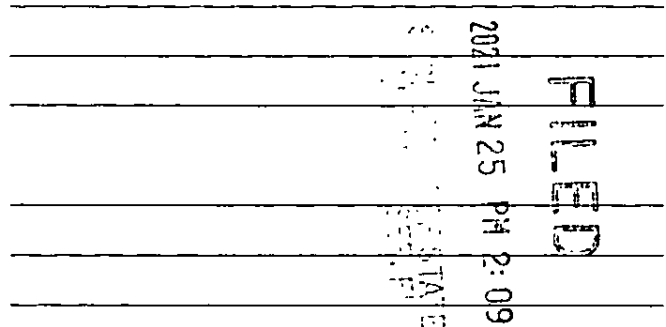
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)



B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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.

If 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>	<u>Type of Action</u>
AMBR	TOCCO, STEFANO	VIALE POETTO 94 ✓	<input type="checkbox"/> Add
		CAGLIARI, CG 09126 IT	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	FLORIO, SIMONE	LARGO VULCI 9 ✓	<input type="checkbox"/> Add
		MILANO, MI, 20159 IT	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MAZZINI, LUCA	VIA PIAVE 8 ✓	<input type="checkbox"/> Add
		CASTELLO DI BRIANZA, LC 23900 IT	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PARRINELLO, ALESSANDRA	VIA S.GIOVANNI DELLA PAGLIA 24 ✓	<input checked="" type="checkbox"/> Add
		VILLAFRANCA DI VERONA, VR 37069 IT	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	FERRARO, AGOSTINO	VIA NINO BIXIO 252	<input checked="" type="checkbox"/> Add
		VILLAFRANCA DI VERONA, VR 37069 IT	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LEDRI, GABRIELE	VIA S.GIOVANNI DELLA PAGLIA 24	<input checked="" type="checkbox"/> Add
		VILLAFRANCA DI VERONA, VR 37069 IT	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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