## 122000291516

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	<u> </u>
(C	ity/State/Zip/Phone #)	
PICK-UP	(Address)  (Address)  (City/State/Zip/Phone #)  (City/State/Zip/Phone #)  (Business Entity Name)  (Document Number)  ertified Copies Certificates of Status  Special Instructions to Filing Officer:	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
wowas	John	
)(	Office Use Only	



000390462630

07/08/22--01013--006 \*\*55.00

2022 DEC -5 PH 2: 55

DEC 5 2022 S. PRATHEF

## **COVER LETTER**

TO:

Tallahassee, FL 32314

TO: Registration Secti Division of Corpo			
SUBJECT: SKy	ine Steel E	Fectors LLC ited Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Marisela	Briones Name of Person	
	Shyline	Steel Frectors Firm/Company	LLC
	613 Co	ardinal st	<del></del>
	0000	FL 34741 City/State and Zip Code	
		Skyline Seractors.	. Com
For further information con	cerning this matter, please ca	all:	
Marisela Name of P	Bribnes	at ( <u>813</u> ) 735- Area Code Daytime	8560 Telephone Number
Enclosed is a check for the	following amount:		
11 S25.00 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 Sec Division of Cor P.O. Box 6327		Street Address: Registration Sect Division of Corp The Centre of Ta	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



October 4, 2022

SKYLINE STEEL ERECTORS LLC 1262 RUSSELL DR OCOEE, FL 34761

SUBJECT: SKYLINE STEEL ERECTORS LLC

Ref. Number: L22000291516

We have received your document for SKYLINE STEEL ERECTORS LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN LLC, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Stacy Prather Regulatory Specialist III

£ = 1 2022

Letter Number: 122A00022146

DEC - 1 2022

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Li</u> (A Fl	ability Company lorida Limited Lia	as it now app bility Company	ears on our records.)	5
The Articles of Organization for this Limited Liabili	ity Company w	ere filed on _	6.27.22	and assigned
Florida document number <u>88-29710</u> 1	<u> </u>			٠ ٢ ٢
This amendment is submitted to amend the followin	g:			,
A. If amending name, enter the new name of the	limited liabili	ty company	<u>here</u> :	
The new name must be distinguishable and contain the words	"Limited Liability	Company," th	e designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	<u> (e13</u>	Cardinal	st
(Principal office address MUST BE A STREET AL	DDRESS)		ee, fl 31	1761
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	Ą	12 60 Oco		DC 161
B. If amending the registered agent and/or regist agent and/or the new registered office address he		dress on our	records, enter the na	ime of the new register
Name of New Registered Agent:	Chaure	<u>J.</u>	Brionos	
New Registered Office Address:	613 (	Yardine Enter F	St. St.	
_	D.Co	ee	Florida _	34761
	•	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>	Address	Type of Action
gmbr	Marisela Brionos	1262 Aussell Dr	GAdd
		Oco20, FL 34761	□Remove
			□Change
			□Add
			□Remove
		<del></del>	□Change
			🗆 Add
			[]Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Add
			□Remove
			□Change

			iange(s) here: <i>(All</i> 13e6 Brio		•	•	
			Ja_05_5				
add			business				_
				<del></del> ·	·		
					·		_
			, <u></u>	<del></del> ,			_
	<del>_</del>		<u> </u>				<del></del>
						<del></del>	_
<del>_</del>					<del></del>	<del></del>	_
		<del>_</del>					_
			<del></del>			<u> </u>	<del></del> -
					<u></u>		_
					<u> </u>		_
					<u> </u>		-
					<del></del>		<del>-</del>
						_ <del></del>	-
ffective date, if an effective date is ote: If the date i ocument's effecti	listed, the date m nserted in this	ust be specific and block does not m	cannot be prior to date a sect the applicable sta	of filing or more th	(option an 90 days after fil uirements, this d	ing.) Pursuant to 6	05.020 isted a
record specifies a is filed.	delayed effect	ive date, but not	an effective time, at	12:01 a.m. on th	e earlier of: (b)	The 90th day at	the 2022 UEC
ated	18 22						OEC -5
				50		113 	PH 2: 55
		Signatific of a	nember or authorized re	epresentative of a i	nember		5