

Division of Corporations

Page 1 of 1

L08000071480Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000245994 3)))



H080002459943ABCB

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : DOMINGO ALONSO C.P.A.
Account Number : I20020000031
Phone : (305) 448-3898
Fax Number : (305) 443-9073

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 OCT 29 AM 8:26

FILED

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

SKYLINE CUSTOMS SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

C. LEWIS
OCT 30 2008
EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

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

FILED
2008 OCT 29 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SKYLINE CUSTOMS SERVICES, 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 07/24/2008 and assigned
Florida document number L08000071480.

This amendment is submitted to amend the following:

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

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

N/A

(Principal office address **MUST BE A STREET ADDRESS**)

Enter new mailing address, if applicable:

N/A

(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:

N/A

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 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)

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

MCRM = Managing Member

Title	Name	Address	Type of Action
MGR	RODRIGO A. SOUZA PACHECO	5805 BLUE LAGOON DR STE 200 MIAMI, FL 33128	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	PAULO R. QUERINO ESTEVAN	5805 BLUE LAGOON DR STE 200 MIAMI, FL 33128	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

Dated

10/29/08

Signature of a member or authorized representative of a member

CINTIA ALTHEMAN

Typed or printed name of signer

FILED
2008 OCT 29 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA