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(Requestor's Name)	
(Address)	
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,	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
· · · · · · · · · · · · · · · · · · ·	:
(Business Entity Name)	•
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Report of Arms

09 JUL -8 PH 6: 29 SECRETARY OF STATE TALLAHASSEE FLORID

COVER LETTER

TO:

TO:	Registration Se Division of Cor				
Skyline Realty International, LLC					
			ed Liability Company	·	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
			Evangeline Gouletas Name of Person		
			name of Ferson		
Skyline Equities Realty FLA, LLC				<u></u>	
			Firm/Company		
800 Brickell Ave, Suite 201					
			Address		
	Miami, FL 33131				
			City/State and Zip Code		
		egoule	tas@skylineequities.com	Continu	
For fur	ther information o	e-mail address: (1	o be used for future annual report noti all:	nication)	
	Evan	geline Gouletas	at (_786_)	470-3245	
		of Person		ne Telephone Number	
Enclos	ed is a check for t	he following amount:			
√ \$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	Section 1 Section 2 Sectio	
	Regist Divisi P.O. B	AING ADDRESS: ration Section on of Corporations Box 6327 assee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	orations Jenter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR_	Isos Y. Stamelos-Monro	e 800 Brickell Avenue, Suite 201 Miami, FL 33131	
	 		Add Remove
<u>-</u>			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If ame	nding any other information, ente	r change(s) here: (Attach additional sheets, if nec	essary.)
-			
<u>-</u>			
Dated	June 15	2009 Clas	F III
	Signature of	member or authorized representative of a member Evangeline Gouletas	
		Typed or printed name of signee	PM 6: 29 PM 5: ATE EFLORID.
		Page 2 of 2	6: 29

Filing Fee: \$25.00