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| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

TO: Registration Section -Division of Corporations

SKYLINE REALTY INTERNATIONAL, 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:

Evangeline Gouletas

Name of Person

SKYLINE REALTY INTERNATIONAL, LLC

Firm/Company

801 Brickell Ave STE 2560

Address

Miami, FL 33131

City/State and Zip Code

dleach@skylineequities.com

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

For further information concerning this matter, please call:

Dennis Leach

Name of Person

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/COURIER ADDRESS:

Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SKYLINE REALTY INTERNATIONAL, | | |
|---|--|------------------------------|
| (Name of the Limited Liability Comp (A Florida Limited | any as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Liability Compan | y were filed on 04/26/2004 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lia | bility company here: | |
| The new name must be distinguishable and end with the words "Limited Lia | ibility Company," the designation "LLC" o | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | 22 |
| (Principal office address MUST BE A STREET ADDRESS) | | ro - m |
| | | |
| | | Sec. 13 1 |
| Enter new mailing address, if applicable: | | men age |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | 25 |
| B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he | · · · · · · · · · · · · · · · · · · · | enter the name of the new |
| Name of New Registered Agent: | | · |
| New Registered Office Address: | Enter Florida street address | |
| | , Florio | da |
| | 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Title **Address Type of Action** Name 801 BRICKELL AVENUE CANADA MGR STAMELOS-MONROE, ISOS Y **Suite 2560 ■** Remove MIAMI, FL 33131 801 BRICKELL AVENUE **MGR** Stylianos G. Vayanos **Suite 2560** MIAMI, FL 33131 ☐ Remove ☐ Add □ Remove ☐ Remove □ Add □ Remove

| ective date, if other than the date | of filing: | (optional) |
|--|---|--------------------------------------|
| effective date must be specific, cannot be p | prior to date of receipt or filed date and cannot be more that | (optional) n 90 days after |
| effective date must be specific, cannot be p date this document is filed by the Florida D | prior to date of receipt or filed date and cannot be more that Department of State) | (optional) n 90 days after |
| effective date must be specific, cannot be p date this document is filed by the Florida D | prior to date of receipt or filed date and cannot be more that | (optional) n 90 days after |
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| date this document is filed by the Florida December 18 September 18 | prior to date of receipt or filed date and cannot be more that Department of State) 2014 Ture of a member or authorized representative of a member. | n 90 days after |
| effective date must be specific, cannot be p date this document is filed by the Florida D sed September 18 | prior to date of receipt or filed date and cannot be more that Department of State) 2014 | n 90 days after |

Page 3 of 3

Filing Fee: \$25.00