

LO4 000031824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

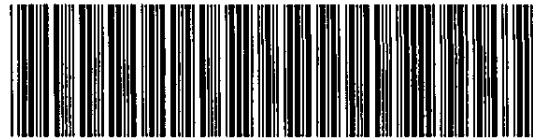
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL 32310

OCT 27 2014

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 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)

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TALLAHASSEE, FL

For further information concerning this matter, please call:

Dennis Leach

at **786 470-3243**

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

SKYLINE REALTY INTERNATIONAL, LLC

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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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------------------|---------------------|--|
| MGR | STAMELOS-MONROE, ISOS Y | 801 BRICKELL AVENUE | <input type="checkbox"/> Add |
| | | Suite 2560 | <input checked="" type="checkbox"/> Remove |
| | | MIAMI, FL 33131 | |
| MGR | Stylianos G. Vayanos | 801 BRICKELL AVENUE | <input checked="" type="checkbox"/> Add |
| | | Suite 2560 | <input type="checkbox"/> Remove |
| | | MIAMI, FL 33131 | |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
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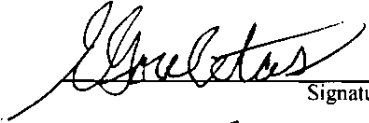
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated September 18, 2014



Signature of a member or authorized representative of a member

Evangelina Goulletas, sole managing member

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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