# 400005182

(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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# **COVER LETTER**

	gistration Sect vision of Corpo				
SUBJECT:		EALTY INTERNATIONAL	LLC		
SUBJECT:		Name of Limi	ted Liability Company		
The enclose	d Articles of A	mendment and fee(s) are subr	nitted for filing.		
Please retur	n all correspond	dence concerning this matter t	to the following:		
		Barbara Lozano			
			Name of Person		-
		Skyline Realty Internationa	al LLC		
			Firm/Company		-
		2101 Brickell Avenue Suite	e 101		
			Address		-
		Miami, FLorida, 33129			
			City/State and Zip Code		-
		info@skylinerealtyint.com			
			o be used for future annual repor	t notification)	
For further	information cor	ncerning this matter, please ca	dl:		•
Karen Mall	kun		786 470-328 at ( )	85 🔍	
	Name of I	Person	Area Code Da	aytime Telephone Numbe	T
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)	Certifie	ate of Status &

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 LL	.c	
( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number L04000031824	ompany were filed on 4/26/2004	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limi</u>	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" o	
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDR	(ESS)	)CT 27
Enter new mailing address, if applicable:		7 PM I2:
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or regist registered agent and/or the new registered office addi		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	
	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 MGR 2101 Brickell Aug 5101, Miami, FL33129 BARBARA LOZANO Add 🚍 □ Remove \_□ Change Michal Bibr 2101 Brickell Aug 5101 Micmi 1 Flissing ■ Remove ☐ Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Add □ Remove □ Change □ Řemove ☐ Change

	9	
ffective date, if other than the date of an effective date is listed, the date must be spe	of filing: (or cife and cannot be prior to date of filing or more than 90 days a	otional) fter filing.) Pursuant to 605.02
lote: If the date inserted in this block do ocument's effective date on the Departm	es not meet the applicable statutory filing requirements, the ent of State's records.	this date will not be listed
e record specifies a delayed effe The 90th day after the record is	ctive date, but not an effective time, at 12:03 filed.	1 a.m. on the earlier
October 19th	2016	
ated	·	
ated	)	11 .
Houletas	Managing Men	lev
Houletas	Managing Memory of a member or authorized representative of a member	<b>&amp;v</b> ;

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Filing Fee: \$25.00