

L000000001075

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

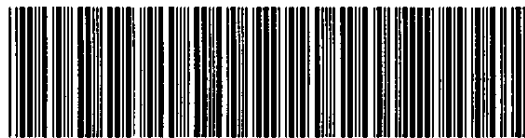
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

T. HAMPTON

OCT - 5 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Skylane Partners, 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:

Theodore W Storm

Name of Person

Skylane Partners, LLC

Firm/Company

6018 Lemon Tree Ct

Address

Tampa, Florida 33625

City/State and Zip Code

sosted@aol.com

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

For further information concerning this matter, please call:

Theodore W Storm

Name of Person

at (813)

453-9096

Area Code & Daytime Telephone Number

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**

Skylane Partners, 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 August, 21, 2000 and assigned
Florida document number L00000010175.

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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:

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

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Carol Crowley	3018 St Charles Dr Tampa, Florida 33618	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Mark Jorgenson	11521 Innsfield Dr Tampa, Florida 33556	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Scott Thomas Lucci	3135 W Sligh Ave Tampa, Florida 33614	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Edgar Ronaldo Martinez	6161 Memorial Hwy # 403 Tampa, Florida 33614	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	David John Sorg	5970 Jaeger Glen Dr Lithia, Florida 33547	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Bracken Engineering Inc.	2701 W Busch Blvd Tampa, Florida 33618	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated September, 29, 2009

Signature of a member or authorized representative of a member

Theodore W. Storm, MGRM, Registered Agent

Typed or printed name of signee

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