

104000031824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA  
18 APR 19 PM 1:13

N COOPER

APR 20 2018

FROM THE DESK OF EVANGELINE GOULETAS

DIVISION OF CORPORATIONS

P.O. Box 6327

Tallahassee, FL 32314

To Whom it May Concern,

We wish to amend the Articles of Incorporation for Skyline Realty International, LLC which was first filed on April 26, 2004 and assigned Florida document number L0400031824. Please find enclosed the forms for such amendment and a check for \$25.00 made out to Florida Department of State.

Should you have any questions you may reach me on my cell at (305) 903-6100 or office (786) 470-3245.

Warmest Regards,

A handwritten signature in cursive script that reads "Evangeline Gouletas".

Evangeline Gouletas

Managing Member

Skyline Realty International, LLC

2101 Brickell Ave, Suite 103

Miami, FL 33129

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SKYLINE REALTY INTERNATIONAL, LLC

company

SUBJECT:

Amendment and fee(s) are submitted for filing.

Can all correspondence concerning this matter to the following:

EVANGELINE GOULETAS

Name of Person

SKYLINE REALTY INTERNATIONAL, LLC

Firm/Company

2101 BRICKELL AVE SUITE 103

Address

MIAMI, FL 33129

City/State and Zip Code

EGOULETAS@SKYLINEEQUITIES.COM

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

For further information concerning this matter, please call:

EVANGELINE GOULETAS

786

470-3245

at ( )

Name of Person

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**

SKYLINE REALTY INTERNATIONAL, 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 04/26/2004 and assigned  
Florida document number L04000031824.

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 contain 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)

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**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 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>             | <u>Address</u>    | <u>Type of Action</u>                      |
|--------------|-------------------------|-------------------|--------------------------------------------|
| MGR          | ISOS Y. STAMELOS-MONROE | 2101 BRICKELL AVE | <input checked="" type="checkbox"/> Add    |
|              |                         | SUITE 101         | <input type="checkbox"/> Remove            |
|              |                         | MIAMI, FL 33129   | <input type="checkbox"/> Change            |
| MGR          | BARBARA LOZANO          | 2101 BRICKELL AVE | <input type="checkbox"/> Add               |
|              |                         | SUITE 101         | <input checked="" type="checkbox"/> Remove |
|              |                         | MIAMI, FL 33129   | <input type="checkbox"/> Change            |
|              |                         |                   | <input type="checkbox"/> Add               |
|              |                         |                   | <input type="checkbox"/> Remove            |
|              |                         |                   | <input type="checkbox"/> Change            |
|              |                         |                   | <input type="checkbox"/> Add               |
|              |                         |                   | <input type="checkbox"/> Remove            |
|              |                         |                   | <input type="checkbox"/> Change            |
|              |                         |                   | <input type="checkbox"/> Add               |
|              |                         |                   | <input type="checkbox"/> Remove            |
|              |                         |                   | <input type="checkbox"/> Change            |
|              |                         |                   | <input type="checkbox"/> Add               |
|              |                         |                   | <input type="checkbox"/> Remove            |
|              |                         |                   | <input type="checkbox"/> Change            |

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

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TALLAHASSEE, FLORIDA

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated APRIL 16, 2018



Signature of a member or authorized representative of a member

Managing Member

EVANGELINE GOULETAS

Typed or printed name of signee