

04/07/2010 13:40

904

Division of Corporations

**LD5000086852**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : GARTNER BROCK & SIMON  
Account Number : I19990000204  
Phone : (904)399-0870  
Fax Number : (904)399-1113

**L. SELLERS**

APR - 8 2010

**EXAMINER**

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SKYLINE HOTEL INVESTORS, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$30.00

RECEIVED  
10 APR - 7 PM 2:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
10 APR - 7 AM 10:06  
SECRETARY OF STATE  
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Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**SKYLINE HOTEL INVESTORS, 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 September 1, 2005 and assigned  
Florida document number L05000086852.

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)

751 Oak Street

Suite 503

Jacksonville, Florida 32204

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

751 Oak Street

Suite 503

Jacksonville, Florida 32204

**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:

751 Oak Street, Suite 503

*Enter Florida street address*

Jacksonville

Florida

32204

*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

FILED  
10 APR - 7 AM 10:06  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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>
MGR	Skyline Realty Services, Inc	751 Oak Street Suite 600 Jacksonville, Florida 32204	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Thornton & Associates, LLC	751 Oak Street Suite 503 Jacksonville, Florida 32204	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated April 1, 2010

  
Signature of a member or authorized representative of a member

John T. Thornton

Typed or printed name of signee