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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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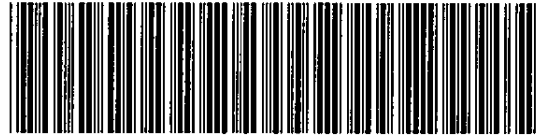
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

607-25439
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Skyline Express, 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:

Elicem Espinoza
(Name of Person)
Skyline Express, LLC
(Firm/Company)
3223 SW 5 place
(Address)
Cape Coral, FL 33914
(City/State and Zip Code)

For further information concerning this matter, please call:

Elicem Espinoza at 239 540-168
(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

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TALLAHASSEE, FLORIDA

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Skyline Express, LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on Skyline Express, LLC and assigned document number _____.

SECOND: This amendment is submitted to amend the following:

Please Remove Eislán
Espinoza and add
Eliezer Espinoza.

Dated _____.

Eislán Espinoza

Signature of a member or authorized representative of a member

Eislán Espinoza

Typed or printed name of signer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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