

L 07 000 116 899

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

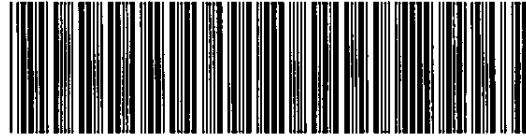
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/18/13
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CLERK OF COURT
JULIA A. BROWN
TALLAHASSEE, FLORIDA

J. Shivers NOV 19 2013

Michael

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MSG REALTY, 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:

MARCOS REZENDE

Name of Person

CSG - CAPITAL SERVICES GROUP INC

Firm/Company

446 W HILLSBORO BLVD

Address

DEERFIELD BEACH, FL 33441

City/State and Zip Code

MARCOS@THEWAYGROUP.BIZ

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

For further information concerning this matter, please call:

MARCOS REZENDE

Name of Person

954 427-4770

at ()

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

13 NOV 18 PM 12:40
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

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

MSG REALTY, 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 11/16/2007 and assigned
Florida document number L07000116899.

This amendment is submitted to amend the following:

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

SKYLAND INTERNATIONAL TRADE LLC

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

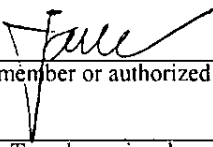
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	JOE SOUZA	1015 W NEWPORT CENTER DR #106	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
		DEERFIELD BEACH, FL 33442	
P	PEDRO SALINAS	1015 W NEWPORT CENTER DR #106	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		DEERFIELD BEACH, FL 33442	
V	JOE SOUZA	1015 W NEWPORT CENTER DR #106	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		DEERFIELD BEACH, FL 33442	
			<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 November 12, 2013



Signature of a member or authorized representative of a member
JOE SOUZA

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

RECEIVED
13 NOV 18 PM 12:00
STATE OF FLORIDA
HALL COUNTY CLERK