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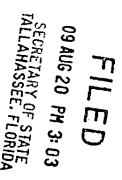
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D. BRUCE

AUG 2 1 2009

EXAMINER

COVER LETTER

Division of Co	rporations		
SUBJECT:	SKYVIEW ACCOL	JNTING SERVICES, LL	.C
SUBJECT:	Name of Limi		
The analoged Articles of	f Amendment and fee(s) are sub	omitted for filing	
	condence concerning this matter		
	<u> </u>	Ü	
	MIRIAM FIGEL		
		Name of Person	
	Firm/Company		
	1375 GATEWAY BLVD		
		Address	
	ВОҮГ	NTON BEACH, FL 33426	09, SEC, ALL,
		City/State and Zip Code	09 AUG 20 PH SECRETARY OF SALLAHASSEE, FL
	E-mail address: (t	to be used for future annual report notifi	UG 20 PH HASSEE, F
For further information	concerning this matter, please of	all:	F ST
	IRIAM FIGEL	at ()	308-7963 C STATE STATE S
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)
	LING ADDRESS:	STREET/COURII Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

SKYVIEVV (Name of the Limited	ACCOUNTING SERVICES Liability Company as it now appears of A Florida Limited Liability Company)	o, LLC 1 our records.)		
The Articles of Organization for this Limited L Florida document numberL0800006		7/9/2008	and assigned	
This amendment is submitted to amend the foll	owing:			
A. If amending name, <u>enter the new name o</u>	f the limited liability company here:			
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liability Company,"	'the designation "	LLC" or the abbreviation	
Enter new principal offices address, if applic	eable:		OS TALL	
(Principal office address MUST BE A STREE			AR S TI	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)		PH 3: 03 YOF STATE SEE. FLORIDA	
B. If amending the registered agent and/ registered agent and/or the new registered or		records, enter	the name of the new	
Name of New Registered Agent:	MIRIAM FIGEL			
New Registered Office Address:	1375 GATEWAY BLVD.		····	
	Enter Florida street address			
	BOYNTON BEACH	, Florida	33426	
	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 **Type of Action Address Title** Name **MGRM** MIRIAM RIVERA 1375 GATEWAY BLVD. ☐ Add ✓ Remove **BOYNTON BEACH, FL 33426** MIRIAM FIGEL MGRM **✓** Add 1375 GATEWAY BLVD. **BOYNTON BEACH, EL 33426** Remove ☐ Add Remove Remove ∏Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **AUGUST 18** 2009 Dated ___

Page 2 of 2

Filing Fee: \$25.00

Signature of a member or authorized representative of a member

Typed or printed name of signee