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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

AUG 21 2009

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SKYVIEW ACCOUNTING SERVICES, 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:

MIRIAM FIGEL

Name of Person

Firm/Company

1375 GATEWAY BLVD

Address

BOYNTON BEACH, FL 33426

City/State and Zip Code

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

For further information concerning this matter, please call:

MIRIAM FIGEL

Name of Person

at ( 561 )

308-7963

Area Code & Daytime Telephone Number

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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**

**SKYVIEW ACCOUNTING SERVICES, 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 7/9/2008 and assigned  
Florida document number L08000066431.

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)

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: 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.*

*Miriam Figel*

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>  |
|--------------|---------------|---|--|
| MGRM         | MIRIAM RIVERA | 1375 GATEWAY BLVD.<br>BOYNTON BEACH, FL 33426 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGRM         | MIRIAM FIGEL  | 1375 GATEWAY BLVD.<br>BOYNTON BEACH, FL 33426 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |               |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |               |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |               |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |               |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

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

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 TALLAHASSEE, FLORIDA

Dated AUGUST 18, 2009

Miriam Figel  
 Signature of a member or authorized representative of a member  
Miriam Figel  
 Typed or printed name of signee