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T. CLINE
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EXAMINER

## **COVER LETTER**

Division of Co			
SUBJECT:	Skylan Ir	nternational LLC	
		ited Liability Company	<u>—</u>
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	pondence concerning this matter	r to the following:	
		Dwain Brown	
		Name of Person	
	Si	Skylan International LLC	
	<u></u>	Firm/Company	
	1655	1655 North Commerce Parkway,	
		Address	
	, a	V	ZIHINOV ZIHINOV JALLAHI
	<u></u>	Weston, Florida, 33326  City/State and Zip Code	
	d.bi	rown@juellemotors.com	60 P
	E-mail address: (	(to be used for future annual report notification)	
For further information	concerning this matter, please	call:	FIGN
Γ	Owain Brown	at ( 954 ) 980-0829	Sale IT:
	of Person	Area Code & Daytime Telephone N	
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy Ce	00 Filing Fee, rtificate of Status & ertified Copy
			lditional copy is enclosed)
	LING ADDRESS:	STREET/COURIER ADDRE	CSS:

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

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

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

Skylan Internati ( <u>Name of the Limited Liability Company a</u> (A Florida Limited Liabi	onal LLC s it now appears on lity Company)	our records.)		<del></del>	
The Articles of Organization for this Limited Liability Company we Florida document numberL0900004963	re filed on(	01/15/2009	a	nd assig	ned
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 "L.L.C."	Liability Company,"	the designation "	LLC" o	or the abl	
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)			玉公		
<u> </u>			5		
			मान्य । मुक्तु	ÅO	12-min-11
Enter new mailing address, if applicable:				ထို	graces.
(Mailing address MAY BE A POST OFFICE BOX)			11 G3+	7	17.
			177.07 123	255	1,,,
<del>-</del>			3035 (30,77)	<u>~</u>	<u> </u>
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our	records, <u>enter</u>	the na	. –	the new
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
		, Florida			_
	ity		Zip	Code	
New Pagistared Agent's Signature if changing Pagistared Agents					

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

*ICKM = V	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	BOUCAUD, JUNE	1655 N. Commerce Parkway, Weston Fl. 33326	. ☐ Add ☑ Remove
MGR_	Carl Elsammak	1655 N Commerce Parkway, Weston, Fl. 33326	☑ Add ☐ Remove
			.☐ Add .☐ Remove
<del></del>			Add Remove
			Add Remove
D. If amen	ding any other information,	enter change(s) here: (Attach additional sheets, if necessary)	- No.
_			
Dated	November 5,	, 2010	
	Signature	of a member or authorized representative of a member	<del></del>
	Signature	Dwain Brown	
		Typed or printed name of signee	<del></del>

Page 2 of 2

Filing Fee: \$25.00