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(Re	equestor's Name)	•
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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K.SALY EXAMINER DEC 31 2012

COVER LETTER

TO:

Registration Section
Division of Corporations

SKYLINE SHIRTS 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:

FRANCISCO PICO

Name of Person

SKYLINE SHIRTS LLC

Firm/Company

4083 NW 135th ST

Address

OPA LOCKA, FL 33054

City/State and Zip Code

FRANKP@SKYLINESHIRTS.COM

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

For further information concerning this matter, please call:

FRANCISCO PICO

ູ, 800 ຽ92-1522

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)

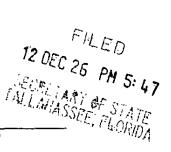
MAILING ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



SKYLINE SHIRTS 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 Liabi	ility Company v	vere filed on 12/20/20	12 and assigned	
Florida document number <u>L11000000112</u>	·			
This amendment is submitted to amend the following	ing:			
A. If amending name, enter the new name of th	<u>e limited liabil</u>	ity company here:		
The new name must be distinguishable and end with the "L.L.C."	he words "Limite	ed Liability Company," the c	lesignation "LLC" or the abbreviation	
ater new principal offices address, if applicable:		FRANCISCO PIC	0	
(Principal office address MUST BE A STREET)		4083 NW 135th S	Τ	
		OPA LOCKA, FL 3	33054	
Inter new mailing address, if applicable:		FRANCISCO PICO		
(Mailing address MAY BE A POST OFFICE BC	<u> </u>		4083 NW 135th ST	
		OPA LOCKA, FL	33054	
B. If amending the registered agent and/or registered agent and/or the new registered office			rds, enter the name of the new	
Name of New Registered Agent:	FRANCISC	O PICO		
New Registered Office Address:	4083 NW 1	35th ST		
VIAIL VARIDANAN OTHIAN LIMINAN.	* ·	Enter Flori	da street address	
	OPA LOCK	KA	, Florida <u>33054</u>	
		City	Zip Code	
New Registered Agent's Signature, if changing Res	gistered 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>	Address	Type of Action
MGRM	MIGUEL HERNANDEZ	9319 NW 121 ST	Add
		HIALEAH GARDENS, FL 3301	8 Remove
			_
			Add
			Remove
			_
			Add
		**************************************	Remove
			– Add
	-		Remove
			_
			_ Add
			Remove
			-
ana. V			Add
			Remove

,			
DECEMBER 20th	2012		***************************************
Signature of FRANCISCO PICO	a member or authorized re	presentative of a member	

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00