

L11000035553

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

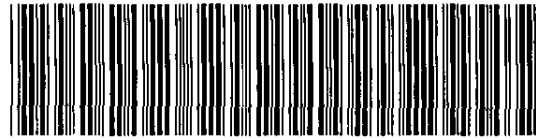
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

AUG -2 2012

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SKYLINE BP 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:

FILED
2012 AUG - 1 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LASHELLE KEEL
Name of Person

LBK ACCOUNTING SERVICES LLC
Firm/Company

58 SIOUX CIRCLE
Address

HAVANA, FL 32333
City/State and Zip Code

lbkacct@att.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LASHELLE KEEL at (**850**) **539-5171**
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

FILED
2012 AUG - 1 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SKYLINE BP 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 03/24/2011 and assigned Florida document number L11000035553.

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) _____

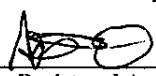
Enter new mailing address, if applicable: 2350 PHILLPS RD #1109
(Mailing address MAY BE A POST OFFICE BOX) TALLAHASSEE, FL 32308

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: NEGASH KIFLE
New Registered Office Address: 2350 PHILLPS RD #1109
Enter Florida street address
TALLAHASSEE, Florida 32308
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>
MGRM	TADDESSE MERSHA	2259 W TENNESSEE ST TALLAHASSEE, FL 32304	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	HAREGEWOIN MERSHA	2259 W TENNESSEE ST TALLAHASSEE, FL 32304	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	NEGASH KIFLE	2350 PHILLPS RD #1109 TALLAHASSEE, FL 32308	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	ATEREF KASA	2350 PHILLPS RD #1109 TALLAHASSEE, FL 32308	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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AUG - 1 11 51 AM '08
TALLAHASSEE, FL
STATE SECRETARY OF STATE

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

Dated _____, _____.



Signature of a member or authorized representative of a member

NEGASH KIFLE

Typed or printed name of signee