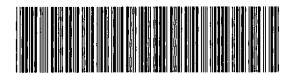
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ALLAHASON FINES

COVER'LETTER

TO:	Registra Division			ions		
SUBJI	rcT.	Sky	Real	Property Inves	stment, LLC	
GODGI					nited Liability Company	
The en	closed Arti	cles of	f Amen	dment and fee(s) are su	ubmitted for filing.	
Please	return all c	оггеѕр	ondenc	e concerning this matte	er to the following:	
				Jeffrey W.	Blinn, CPA, JD	
			_		Name of Person	
				IDID TTO		
				MBAF, LLC	Firm/Company	
					<u> </u>	
				1001 Brickel	1 Bay Drive, 9th FL Address	
					Address	
				Miami, Floric	්ට්ට්	-47» et
					City/State and Zip Code	77
•				jblinn@mbafcpa	oa.com	444-1
				E-mail address:	(to be used for future annual report notification)	
For fu	rther inform	ation	concen	ning this matter, please	e call:	
Je	ffrey B	linn	, CPA	A, JD	at (305) 373-5500 ext 2344	
	<u></u>	Name	of Perso	n	Area Code & Daytime Telephone Number	
					•	
Enclos	sed is a che	ck for	the foll	owing amount:	`	
	5.00 Filing			\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & \$60.00 Filing Fee, Certified Copy Certificate of Status &	
					(additional copy is enclosed) Certified Copy (additional copy is enclosed)	ed)
MAILIN Registra Division				STREET/COURIER ADDRESS:		
			Section Corporations	Registration Section Division of Corporations		
		P.O. I	30x 63	27	Clifton Building 2661 Executive Center Circle	
		ralial	iassee,	FL 32314	Tallahassee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sky Real Property 1	Investment, LLC	aavda)
(A Flo	bility Company as it now appears on our re- rida Limited Liability Company)	corus.)
The Articles of Organization for this Limited Liabil Florida document number <u>L12000031011</u>	lity Company were filed on March 5, 2	2012 and assigned
This amendment is submitted to amend the following	ng:	28 1
A. If amending name, enter the new name of the	e limited liability company here:	APRO
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company," the des	May By Chi
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>×</u> 2	
B. If amending the registered agent and/or r registered agent and/or the new registered office		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	street address
	2000 1 107 104	OF VET MANIFOUT .
-	· · · · · · · · · · · · · · · · · · ·	lorida Zip Code
	City	zip Coae

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>	Type of Action
MGRM	Melling Motte Investments, Lt	1001 Brickle Bay Drive 9th FL Miami, FL 33131	Add Remove
MGR	Melling Motte Investments Ltd	1001 Brickell Bay Drive 9th FL Miami, FL 33131	Add Remove
		376 6 7 7 7 7 7 7 7 7	Add Remove
	<u> </u>		Add Remove
D. If a	mending any other informatio	n, enter change(s) here: (Attach additional sheets, if necessar)	<i>y.)</i>
Dated _	_	ure of a member or authorized representative of a member effect bland	

Page 2 of 2

Filing Fee: \$25.00

1.1.