

L12000039263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

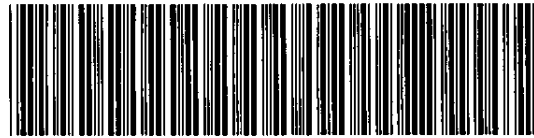
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 OCT 29 PM 4:35

B. BOSTICK

OCT 30 2013

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Glen Skye 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:

Heather U. Baines

Name of Person

Firm/Company

243 Tangier Ave

Address

Palm Beach, FL 33480

City/State and Zip Code

lmcadams@pacificincome.com

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

For further information concerning this matter, please call:

Heather U. Baines

Name of Person

at **310 255 4400**

Area Code & Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FL 32301

2013 OCT 29 PM 4:36

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

GLEN SKYE 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 MARCH 21, 2012 and assigned
Florida document number L12000039263.

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)

243 TANGIER AVE

PALM BEACH, FL 33480

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

243 TANGIER AVE

Enter Florida street address

PALM BEACH

City

Florida

33480

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

MGR = Manager
MGRM = Managing Member

[illegible]

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

Dated

SEPT 19, 2013

H. Baines

Heather U. Baines

Signature of a member or authorized representative of a member

HEATHER U. BAINES

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 OCT 29 PM 4:36
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 26, 2013

HEATHER U. BAINES
243 TANGIER AVENUE
PALM BEACH, FL 33480

SUBJECT: GLEN SKYE LLC
Ref. Number: L12000039263

2013 OCT 29 PM 4:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for GLEN SKYE LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

The fee to file your limited liability company document is \$25. Please include an additional \$30 for each certified copy (optional) requested and an additional \$5 for each certificate of status (optional) requested.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 313A00022726