

L13000122446

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

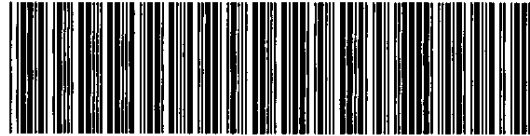
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 OCT 17 PM 2:00

FILED

OCT 18 2013

D. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SKYLINE ACRES, 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:

GREGORY CHARLES SOLOWSKY

Name of Person

Firm/Company

8444 NW 25TH PLACE

Address

CORAL SPRINGS, FL 33065

City/State and Zip Code

Gsolowsky@gmail.com

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

For further information concerning this matter, please call:

GREGORY SOLOWSKY

Name of Person

at **(954) 214-0697**

Area Code & Daytime Telephone Number

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TALLAHASSEE FLORIDA

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 ACRES, 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 8/26/2013 and assigned
Florida document number L13000122446

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:

(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:

Enter Florida street address

City

Florida

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:

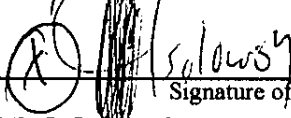
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGMR	Gregory Charles Solowsky	8444 NW 25th Place	<input checked="" type="checkbox"/> Add
		Coral Springs, FL 33065	<input type="checkbox"/> Remove
MGR	Gregory Charles Solowsky	8444 NW 25th Place	<input type="checkbox"/> Add
		Coral Springs, FL 33065	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
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FILED
OCT 17 2016
CLERK OF DISTRICT COURT
CLERK OF DISTRICT COURT
CLERK OF DISTRICT COURT

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

Dated 10/12/13, _____



Signature of a member or authorized representative of a member

GREGORY CHARLES SOLOWSY

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE FLORIDA