

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SKYLINE INVESTMENT PARTNERS 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:

JUSTIN DEL BUSTO

Name of Person

SKYLINE INVESTMENT PARTNERS LLC

Firm/Company

14808 SW 67 LANE

Address

MIAMI, FL 33193

City/State and Zip Code

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

For further information concerning this matter, please call:

JUSTIN DEL BUSTO

Name of Person

786 390-3322

at ()

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

APPROVED
AND
FILED

13 DEC 18 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SKYLINE INVESTMENT PARTNERS 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 10/31/2013 and assigned
Florida document number L13000153763.

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>
MGRM	EDDY MOYA	6842 SW 148 AVE	<input type="checkbox"/> Add
		MIAMI, FL 33193	<input checked="" type="checkbox"/> Remove
MGRM	EDUARDO MOYA	6842 SW 148 AVE	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33193	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

APPROVED
AND
FILED

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

13 DEC 18 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated December 2, 2013



Signature of a member or authorized representative of a member

JUSTIN DEL BUSTO

Typed or printed name of signee

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Filing Fee: \$25.00