

LS00011475

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(Address)

(Address)

(City/State/Zip/Phone #)

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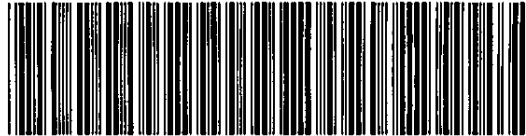
(Business Entity Name)

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TALLAHASSEE, FLORIDA

NOV 24 2015

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Skylake Building, 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:

Miguel N. Alfie

Name of Person

36th Street Building, LLC.

Firm/Company

1850 SW 8th Street, 4th Floor

Address

Miami, Florida 33135

City/State and Zip Code

praxis@praxis.edu

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

For further information concerning this matter, please call:

Miguel N. Alfie

305 642-4104
at ()

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

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TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Skylake Building, 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 07/08/2015 and assigned
Florida document number L15000114975.

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 contain 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:

1850 SW 8th Street, 4th Floor

Enter Florida street address

Miami

City

, Florida 33135

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 605, 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 attending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Flavio Alfie	2061 NE 210th Street	<input checked="" type="checkbox"/> Add
		Miami, Florida 33179	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Dario Alfie	600 NE 36th Street	<input checked="" type="checkbox"/> Add
		Miami, Florida 33137	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed. 1

Dated November 18

2015

Signature of a member or authorized representative of a member

ANGUEL N. ALFIE

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS**Detail by Entity Name****Florida Limited Liability Company**

SKYLAKE BUILDING, LLC

Filing Information

Document Number	L15000114975
FEI/EIN Number	NONE
Date Filed	07/08/2015
State	FL
Status	ACTIVE

Principal Address1850 SW 8TH STREET, 4TH FLOOR
MIAMI, FL 33135**Mailing Address**1850 SW 8TH STREET, 4TH FLOOR
MIAMI, FL 33135**Registered Agent Name & Address**ALFIE, MIGUEL N
4445 ADAMS AVENUE
MIAMI BEACH, FL 33140**Authorized Person(s) Detail****Name & Address**

Title MGR

ALFIE, MIGUEL N
4445 ADAMS AVE
MIAMI BEACH, FL 33140

Title MGR

ALFIE, REBECCA
4445 ADAMS AVENUE
MIAMI BEACH, FL 33140**Annual Reports****No Annual Reports Filed**FILED
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