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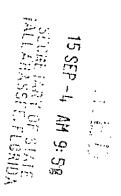
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### **COVER LETTER**

Div	ision of Corp	porations				
SUBJECT:	AAA SKYLINE CONTRACTING AND DEVELOPMENT GROUP, LLC					
		Name of Lim	ited Liability Company			
The enclosed	Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return	all correspon	ndence concerning this matter	to the following:			
		CHRISTOPHER THOMS				
			Name of Person			
		AAA SKYLINE CONTRA	ACTING AND DEVELOPMENT O	GROUP, LLC		
			Firm/Company	· · · · · · · · · · · · · · · · · · ·		
		100 NW 76TH AVENUE,	APT 301			
			Address			
		PLANTATION 33324				
			City/State and Zip Code			
		c.thoms@skylinecdg.com	to be used for future annual report notif	Tontion		
F 6 - 41	<b>C</b>		•	ication)		
ror turtner ii	normation co	encerning this matter, please ca	311:			
CHRISTOPHER THOMS		954 701-6741 at ( )				
	Name of	Person		Telephone Number		
Enclosed is a	check for the	e following amount:				
□ \$25.00 F	iling 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:

TO:

**Registration Section** 

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

# AAA SKYLINE CONTRACTING AND DEVELOPMENT GROUP, 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 $\frac{\text{JULY 31 }2015}{\text{Linited Liability Company}}$ and assigned Florida document number \_\_\_\_\_\_115000131498 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: Enter Florida street address Florida 2

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.

New Registered Agent's Signature, if changing Registered Agent:

If Changing Registered Agent, Signature of New Registered Agent

If amending 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>	Address	Type of Action
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Filing Fee: \$25.00