

L17000107406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300439055273



SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2024 NOV 22 PM 4:33

FILED

2024 NOV 22 PM 3:06

TALLAHASSEE, FLORIDA

RECEIVED

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account I20210000160: ___ \$ 25.00 ___

Authorization Signature: *Janet*

Skyline Development & Construction LLC. L17000107406

Business Name #Document

___ Walk in ___ Will wait

___ Certified Copies of the Articles of Incorporation

___ Certificate of Status

NEW FILINGS

___ Profit
___ Not for Profit
___ LLC
___ Domestication
___ INC
___ CORP
___ OTHER

AMENDMENTS

___X___ Amendment
___ Resignation of R.A.
___ Change of Registered Agent
___ Dissolution/Withdrawal
___ Conversion
___ Statement of FACT
___ Merger

OTHER FILINGS

___ Annual Report
___ Fictitious Name
___ Statement of Authority
___ APOSTIL.
 COUNTRY

REGISTRATION/QUALIFICATIONS

___ Foreign Filing
___ Partnership
___ Reinstatement
___ CORRECTION for a Foreign LLC
___ Domestication of a Foreign Corp.
___ Other

EXAMINER'S INITIALS:

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SKYLINE DEVELOPMENT & CONSTRUCTION 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:

Jean Fleuridor

Name of Person

SKYLINE LIMITED LLC

Firm/Company

2881 East Oakland Park Blvd Suite 488

Address

Fort Lauderdale, FL 33306

City/State and Zip Code

jfleurid@gmail.com

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

For further information concerning this matter, please call:

Jean Fleuridor

at (914) 447-9084

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

SKYLINE DEVELOPMENT & CONSTRUCTION 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 05/15/2017 and assigned
Florida document number L17000107406.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SKYLINE LIMITED LLC

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)

2881 East Oakland Park Blvd

Suite 488

Fort Lauderdale, FL 33306

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2881 East Oakland Park Blvd

Suite 488

Fort Lauderdale, FL 33306

FILED
2024 NOV 22 PM 4:33
SECRETARY OF STATE
CORPORATE SERVICES

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 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

or removed from our records:

MGR = Manager


AMBR = Authorized Member

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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 requirements, the application will be considered withdrawn.

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.


Signature of a member or authorized representative of a member

Jean Fleuridor
Typed or printed name of signee

Filing Fee: \$25.00