

L19000105372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

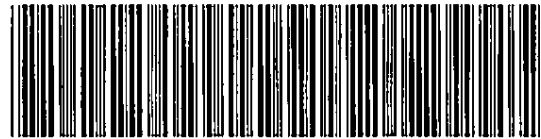
(Business Entity Name)

(Document Number)

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Amend

MAY 11 2019

1 ALBUQUERQUE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Skyline 41 Texas LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Steven Eshkenazi

Name of Person

Firm/Company

79 SW 12th Street, Unit 2407

Address

Miami, FL 33130

City/State and Zip Code

eshkenazi1@gmail.com

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

For further information concerning this matter, please call:

Steven Eshkenazi

954

205-9014

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

Skyline 41 Texas LLC

Page 1 of 3

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|------------------|--|--|
| MGR | Steven Kappelman | | <input type="checkbox"/> Add |
| | | 2328 N Maplewood, Chicago, IL 60647 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Mark Kappelman | 2328 N Maplewood Chicago, IL, 60647 | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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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.

Dated April 30

2019

Signature of a member or authorized representative of a member

Steven Eshkenazi

Typed or printed name of signee