## L19000105372

(Reque	stor's Name)	
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Amend

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## **COVER LETTER**

	gistration Se vision of Cor			
CHD IF CT.		Texas LLC		
SUBJECT:			ited Liability Company	
The enclose	d Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return	n all correspo	ndence concerning this matter	to the following:	
		Steven Eshkenazi		
			Name of Person	
			Firm/Company	<del></del>
		79 SW 12th Street, Unit 24	407	
			Address	
		Miami, FL 33130		
			City/State and Zip Code	
		eshkenazi1@gmail.com		<del> </del>
For further i	nformation co	b-mail address: ( oncerning this matter, please ca	to be used for future annual report notif all:	ication)
Steven Eshl	cenazi		954 205-9014	
	Name of	Person	at ()	Telephone Number
Enclosed is	a check for th	ne 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

Skyline 41 Texas LLC		
( <u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability O	Company were filed on 4/17/2019	and assigned
Florida document number L19000105372	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		70.
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		P 7 (1)
(Mailing address MAY BE A POST OFFICE BOX)		<u>့်မွှ</u>
B. If amending the registered agent and/or registered agent and/or the new registered office add		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	а
	City	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 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>	Type of Action
MGR	Steven Kappelman		□ Add
_		2328 N Maplewood, Chicago, IL 60647	■ Remove
			Change
MGR	Mark Kappelman	2328 N Maplewood Chicago, IL, 60647	
			□ Remove
			☐ Change
<del></del>			□ Add
			□ Remove
			Change
			Remove
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`an effective date <del>Vote:</del> If the date	if other than the is listed, the date me inserted in this letive date on the	ust be specific an block does not i	d cannot be prior meet the applica	to date of filing or rable statutory filing	nore than 90 days a	ptional) fter filing.) Pursuant t this date will not be	ю 605,020 e listed a
e record spe The 90th da	cifies a delaye ay after the re	ed effective (ecord is filed.	date, but not	t an effective	time, at 12:0	1 a.m. on the e	arlier (
April 30			2019				
April 30			·/ <del>~``</del>	-· \	-		
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Typed or printed name of signee

Filing Fee: \$25.00