

L19 000233019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

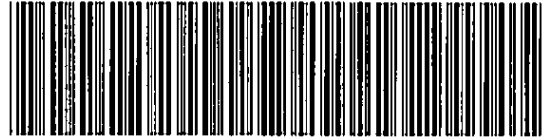
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/23/18--01013--017 **50.00

R. WHITE

NOV 15 2019

2019 OCT 23 AM 4:35

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SKYLINE DEVELOPMENT INTERNATIONAL 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:

RAED ABDUL AL

Name of Person

SKYLINE DEVELOPMENT INTERNATIONAL LLC

Firm/Company

2130 NE 36TH ST, APT 64

Address

LIGHTHOUSE POINT/ FL 33064

City/State and Zip Code

SKYLINE.DEVELOPMENT.INTL@GMAIL.COM

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

For further information concerning this matter, please call:

RAED ABDUL AL

724

7328088

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

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

SKYLINE DEVELOPMENT INTERNATIONAL LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2019 OCT 23 PM 4:35

The Articles of Organization for this Limited Liability Company were filed on 09/16/2019 and assigned
Florida document number _____.

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

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

- 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> |
|--------------|-----------------|--|--|
| AP | RAED R ABDUL AL | 2130 NE 36TH ST, APT 64, LIGHTHOUSE POINT, FL 33064 | <input type="checkbox"/> Add |
| | | | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | RAED ABDUL AL | 2130 NE 36TH ST, APT 64, LIGHTHOUSE POINT, FL 33064 | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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. D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

I HAVE ADJUSTED MY NAME IT WAS TYPED IN WRONG AND THE TITLE AS WELL.

[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.

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

Dated OCTOBER 12, 2019

RA

Signature of a member or authorized representative of a member

RAED ABDUL AL

Typed or printed name of signee