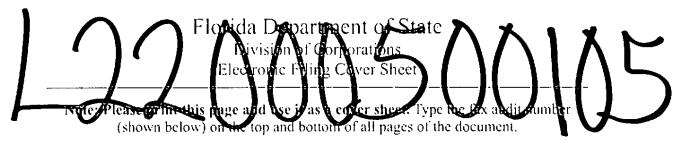
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number : I20050000099 : (813)932-5244

Fax Number : (813)932-3782

##Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address nlesson **

info@activatemvlicense.com Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SKYLINE DEVELOPMENT SERVICES LLC

Certificate of Status	0
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Estimated Charge	\$25.00

M. SOLOMON JUL 26 2024

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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: SKYLINE DEVELOPMENT SERVICES 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:

JANINE MITCHELL

Name of Person

CONTRACTORS REPORTING SERVICE INC

Firm Company

23110 SR 54, PMB 336

Address

LUTZ, FL 33549

City State and Zip Code

info@activatemylicense.com

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

For further information concerning this matter, please call:

JANINE MITCHELL

813 932

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

tadditional 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 2024 JUL 26 PM 1: L

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SKYLINE DEVELOPMENT SERVICES (Name of the Limited Liability Comp	LLC pany as it now appears on our records.) (Liability Company)	
(A Florida Limited	H.iability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on 12/1/2022	and assigned
Florida document number 1.22000500105		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited fial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	othty Company," the designation "LLC" or the a	observation "LL.C."
Enter new principal offices address, if applicable:		202
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		SEE TO BE IT
Enter new mailing address, if applicable:	**************************************	
(Mailing address MAY BE A POST OFFICE BON)		55 5
B. If amending the registered agent and/or registered office agent and/or the new registered office address bere:	address on our records, <u>enter the nan</u>	ne of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Emer Florida street address	
	Florida	
	Chy	Zip Code
New Registered Agent's Signature, if changing Registered Agent	!:	

Thereby 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.

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	NICHOLAS A APPLETON	1621 WAKE FOREST RD NW	≣ Add
		PALM BAY , FL 32907	□Remove
			□Change
			[] Add
			□Remove
		TARREST O	
			2024 JUL 26 PM, 1: 46
			□Change
			Remove
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