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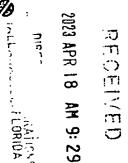
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COVER LETTER

TO: Registration ! Division of Co				
SKYLIN'	E CONSULTING LT , LLC		•	
SUBJECT:	Name of Lir	nited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sul	bmitted for filing.		
	nondence concerning this matter	•		
	MANUEL F ARRIETA			
		Name of Person		_
	SKYLINE CONSULTIN	G L7 →, LLC		
Firm/Company				2023
4615 NW 72ND AVENUE #110				2023 APR 6 TAILLI
		Address		- 0,
	MIAMI, FLORIDA 3316	6		AH
	contactskylinelle@gmail.e	City/State and Zip Code		AH v. 14
	• -	to be used for future annual report no	tification)	rn T
For further information	concerning this matter, please c	rall:		
MANUEL F. ARRIET.	Ą	305 438-8254		
Name	of Person	at () Area Code Daytii	ne Telephone Numbe	1
Enclosed is a cheek for	the following amount:			
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration So Division of Co The Centre of 2415 N. Monro Tallahassee, Fl	rporations Tallahassec oc Street, Suite 8	10

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SKYLINE CONSULTING, LLC				
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	•		
The Articles of Organization for this Limited Liability Company	were filed on 03/31/2023	an	d assigi	ned
Florida document number 1.23000163163				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
SKYLINE CONSULTING LT LLC				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or th	ne abbreviatio	on "L.L.C	• • • •
Enter new principal offices address, if applicable:	4615 NW 72ND AVENUE # 110			
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FLORIDA 33166		2	
		<u> </u>	123	_
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Enter new mailing address, if applicable:		•	<u>ප</u>	: i
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FLORIDA 33166		AH.	
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B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the n	ame of the	e new r	<u>egisterer</u>
agent and/or the new registered time address here.				
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			 -
	, Florida			
	City	Zip C	ode	

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 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>	Address	Type of Action
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			Remove
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an offective date is	fother than the date listed, the date must be spinserted in this block dive date on the Departi	pecific and cannot be loes not meet the ar	oplicable statutory	or more than 90 day filing requirement	(optional) is after filing.) I is, this date w	Pursuant to vill not be	605.0207 listed as
ote: If the date		hut not an affiori	ive time, at 12:01 a	i.m. on the earlier	of: (b) The	90th day a	fter the
ote: If the date beament's effect record specifies:	a delayed effective date	o, our moran eneet					
ocument's effect	. ///	ature of a member or	·				

Filing Fee: \$25.00