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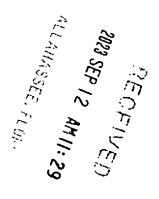
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109/12/23--01002 FILED 1-5508-1/87 OF STATE 1-5508-1/87 OF STATE



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: SKYline	<u>Building an</u>	<u>d Investments</u> ,Inc
DOCUMENT NUMB	ER:		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	itter to the following:	
-	Valeria A	tonants Name of Contact Person	n
-	Skyline Bui	Iding 3 Inve	stments, inc
-	1342 Timber	lane Rd. Swi	tc 102-A
-	Tallahasse	City/ State and Zip Cod	<u>a</u>
-	E-mail address: (to be us	Myogmul. L sed for future annual report	notification)
For further information	concerning this matter, pleas	se call;	
Valeria Name o	Atayants Contact Person	at ( <u>850</u> Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Sku	dine	Building	Investments, Inc.

	n as currently filed with the F		
(Docume	ent Number of Corporation (if I	known)	
Pursuant to the provisions of section 607.1006. Florida Sits Articles of Incorporation:	Statutes, this <i>Florida Profit Co</i>	erporation adopts the follow	ing amendment(s) to
A. If amending name, enter the new name of the cor	poration:		
			The new
name must be distinguishable and contain the word "cor". "Inc.," or Co.," or the designation "Corp," "Inc." "chartered," "professional association," or the abbrev.	or "Co". A professional co		tion "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	<u>RESS</u> )		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	3		7357
		(F-5)	P
			<u> </u>
			量口
D. If amending the registered agent and/or registere new registered agent and/or the new registered of		nter the name of the	7. <del>-</del>
	The Local Com-	·	Tri O
Name of New Registered Agent			<u> </u>
·	(Florida street address)	·	_
New Registered Office Address:		, Florida	
	(City)	CZiţ	Code)
New Registered Agent's Signature, if changing Regis	stered Agent:		
I hereby accept the appointment as registered agent. 1.	am familiar with and accept th	e obligations of the position	
			_
Signati	ure of New Registered Agent, ij	f changing	

Check if applicable

. .

<sup>☐</sup> The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change	PT John Do	<u>be</u>	
X Remove	V Mike Jo	<u>ones</u>	
X Add	SV Sally St	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>VP</u>	Armen Atayants	7332 Hollis St.
Add			Tallahassee, FL 32313
Remove			
2) Change	<del></del>		
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach a	ding or adding additional Ar additional sheets, if necessary).	icles, enter change (Be specific)	e(s) here:		
	n 10			·	
					<u>.</u>
		<del></del>			
If an am	endment provides for an exc	hange, reclassifica	tion, or cancellat	ion of issued share:	<u>s,</u>
provisio (if r	ons for implementing the am not applicable, indicate N/A)	endment if not con	tained in the ame	endment itself:	
	n 19				
				<del>-, ,</del>	
	<del></del>				
				<del></del>	
		<del></del>			

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: 9/11/2025 (no more than 90 days after amendment file date)	<del></del>
(no more than 90 days after amenament file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action action was not required.	and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
Dated 9 11/2023 Signature Reg 1	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Vaghan Atayan 15 (Typed or printed name of person signing)	
(Title of person signing)	
(Title of person signing)	