L05000084786

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

FILED
2017 APR 19 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
APR 27 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 19, 2017

MINISH PATEL
12213 COLDSTREAM LANE
TAMPA, FL 33626

SUBJECT: BLUE SKY HOSPITALITY LLC
Ref. Number: L05000084786

We have received your document for BLUE SKY HOSPITALITY LLC and your check(s) totaling $30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law. To reinstate this entity complete the enclosed application/report form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 717A00007652

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLUE SKY HOSPITALITY 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:

MINISH PATEL
Name of Person

Firm/Company

12213 COLDSTREAM LANE
Address

TAMPA FL 33626
City/State and Zip Code

PATEL.JAY.NC@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MINISH PATEL at (813) 300-5620
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

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TALLAHASSEE, FLORIDA

BLUE SKY HOSPITALITY LLC

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

The Articles of Organization for this Limited Liability Company were filed on 08/26/2005 and assigned Florida document number L05000084786.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

COLDSTREAM HOSPITALITY LLC

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)

12213 COLDSTREAM LANE
TAMPA FL 33626

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

12213 COLDSTREAM LANE
TAMPA FL 33626

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: MINISH PATEL

New Registered Office Address: 12213 COLDSTREAM LANE
Enter Florida street address

TAMPA, **Florida** 33626
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

Title	Name	Address	Type of Action
MGR	MINISH PATEL	12213 COLDSTREAM LANE	☒ Add
		TAMPA FL 33626	☐ Remove
			☐ Change
AMBR	PARKASH PATEL	2908 US HWY 301 S	☒ Add
		WILSON NC 27893	☐ Remove
			☐ Change
AMBR	JAYMIN PATEL	3013 WENTWORTH AVE	☒ Add
		TARPON SPRINGS FL	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated APRIL 12, 2017

Signature of a member or authorized representative of a member

MINISH PATEL

Typed or printed name of signee

Filing Fee: $25.00