

L14000153590

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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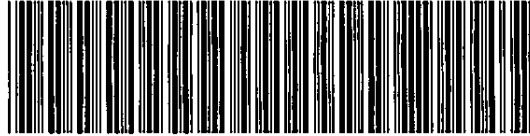
(Business Entity Name)

(Document Number)

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09/09/16--01006--007 **25.00

CLERK OF STATE
TALLAHASSEE, FLORIDA

16 SEP 16 10:10 AM

08/21/16

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BLUE SKY MEDICAL 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:

JOHN W BOYER

Name of Person

JOHN W BOYER CPA

Firm/Company

3300 PGA BLVD SUITE 625

Address

PALM BEACH GARDENS, FL 33410

City/State and Zip Code

MLABOSCO@GMAIL.COM

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

For further information concerning this matter, please call:

KELLIE ALBERTSON

561 622-1974
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**

BLUE SKY MEDICAL 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 10/01/2014 and assigned
Florida document number L14000153590.

This amendment is submitted to amend the following:

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

LABOSCO ENTERPRISES 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)

2491 N.E. OCEAN BLVD.

#305

STUART, FL 34996

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2491 N.E. OCEAN BLVD.

#305

STUART, FL 34996

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:

MATTHEW LABOSCO

New Registered Office Address:

2491 N.E. OCEAN BLVD. #305

Enter Florida street address

STUART

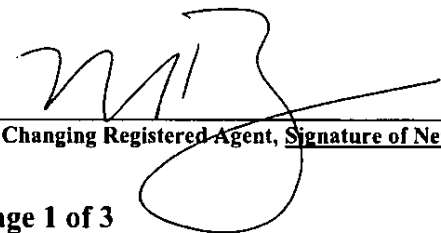
City

Florida 34996

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>
MGR	JOHN W. BOYER	3300 PGA BLVD. STE. 625	☐ Add
		PALM BEACH GARDENS, FL 33	☒ Remove
			☐ Change
MGR	MATTHEW LABOSCO	2491 N.E. OCEAN BLVD. #305	☒ Add
		STUART, FL 34996	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
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			☐ Add
			☐ Remove
			☐ Change

STATE OF FLORIDA
DEPARTMENT OF
TRANSPORTATION
66 SE
TALLAHASSEE, FLORIDA

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

16 SEP - 11 11:11 AM
STATE OF FLORIDA
DEPARTMENT OF STATE

E. Effective date, if other than the date of filing: 9/2/2016 (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 September 2, 2016.

x John W Boyer
Signature of a member or authorized representative of a member

John W Boyer
Typed or printed name of signee