# 100000020397

(Red	questor's Name)	
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### **COVER LETTER**

TO: Registration Se Division of Cor			
Blue Sky H	Holdings, LLC		
Sebilei.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Pedro P. Saez		
		Name of Person	
	Saez and Associates		
		Firm/Company	
	777 Brickell Avenue, Suite	e 1110	
		Address	
	Miami, Florida 33131		
		City/State and Zip Code	
	psaez@saezlaw.com		
		to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	all:	
Jorge Diaz-Guma		305 358 4277 at ()	
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	he 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 Holdings, LLC			
(Name of the Limi	ted Liability Co (A Florida Limi	mpany as it now appears on our recor ited Liability Company)	rds.)
The Articles of Organization for this Limited L Florida document number L06000020397	iability Comp	any were filed on 02/23/2006	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited	liability company here:	
N/A			
The new name must be distinguishable and contain the v	words "Limited L	iability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	1-40-1
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	16 D
			THE DECISION OF SOME
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE BOX)			
			2
B. If amending the registered agent and registered agent and/or the new registered o	Ç		ds, enter the name of the new
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A	D. El de la la	
		Enter Florida street addr	ess
			Florida
New Registered Agent's Signature, if changing i		City	Zip Code

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>	Address	Type of Action
MGR	Hjalmar J. Gibelli Gomez	20201 E. Country Club Dr.,	
		STE 908	■ Remove
		Miami, FL 33180	□ Change
MGR	Diego Leandro Gibelli Reyes	20201 E. Country Club Dr.,	■ Add
		STE 908	Remove
		Miami, FL 33180	☐ Change
			□ Add
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an ei ote:	tive date, if other than the date of filing:	.020 ed as
e re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies 90th day after the record is filed.	er o
ated	December 9 , 2016 .	
	1 / 7 -	
	Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00