LD2000031714

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EXAMINER

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COVER LETTER

TO: Registration Sec Division of Corp						
SUBJECT: BLUE SKY LLC						
	(Name of Lim	ited Liability Company)				
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspon	ndence concerning this matter	to the following:				
	JUAN CARMONA					
		(Name of Person)				
BLUE SKY LLC						
		(Firm/Company)				
	1726 ISLE BROOK DR					
		(Address)				
	ORLANDO, FL 32824					
	4-2-7-10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	(City/State and Zip Code)				
For further information concerning this matter, please call:						
To the thomason ec		dii.				
JUAN CARMONA		at (_407) 973-1442				
(Name o	f Person)	(Area Code & Daytime T	'elephone Number)			
Enclosed is a check for th	a following amount:					
	-	Fig. 60 CPP CP 0	Mero oo murum			
☑ \$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)			
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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 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 11/25/2002 and assigned Florida document number L02000031714
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviatio "L.L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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:
New Registered Office Address: (Enter Florida street address)
, Florida City), Florida (City)
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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

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<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	VICTORIA CARMONA	1726 ISLE BROOK DR ORLANDO, FL 32824	Add Remove
············			Remove
<u></u>			Add Remove
			Add Remove
			_
D. If an	nending any other informatio	n, enter change(s) here: (Attach additional sheets	, if necessary.)
			77.
Dated	October 1 st	LOUI COMO MA	FILED 8 OCT -8 AM B ECONETANY OF THE
	S/gna	ure of a member of authorized representative of a mem A T M D M Typed or printed name of signee	AM 8: 50 EFFLORIDA

Page 2 of 2

Filing Fee: \$25.00