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TALLAHASSEE FLORIE

D. BRUCE

OCT 29 2008

EXAMINER

COVER LETTER

Division of Cor	porations `			
_{suвлест:} Big Sky	Properties, LLC			
JOBSECT		ited Liability Company)		
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	Ryan Shoup	(Namy of Person)		
	Big Sky Properties, LLC	·		
		(Firm/Company)		08 SE(TAL
	103 Donlon Drive			E SE
		(Address)		
	New Smyrna Beach, FL	32168		FILE IT 28 A TARY OF TASSEE, I
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(City/State and Zip Code)	,,,	
For further information co	oncerning this matter, please ca	all:		AN II: 42 STATE FLORIDA
Ryan Shoup		at (386) 663-2795	*	
	f Person)	(Area Code & Daytime T	elephone Numbe	er)
Enclosed is a check for th	e following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	nte of Status &

MAILING ADDRESS:

TO:

Registration Section

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

Big Sky Properties, LLC			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records. Liability Company))	
The Articles of Organization for this Limited Liability Company	were filed on 03/06/2008	and assigned	
Florida document number L03000008252 (copy attached)			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The state of the s	2-11 1111- C	on "LLC" or the abbreviation	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation	on "Lacor the abbreviation	
Enter new principal offices address, if applicable:	103 Donlon Drive	SAR	
(Principal office address MUST BE A STREET ADDRESS)	New Smyrna Beach, FL 32168	8 MM	
Enter new mailing address, if applicable:	103 Donlon Drive	I: 42	
(Mailing address MAY BE A POST OFFICE BOX)	New Smyrna Beach, FL 32168		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:		er the name of the new	
New Registered Office Address:			
	(Enter Florida street address)		
	, Florid		
	(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 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 Changing Registered Agent, Signature of New Registered Agent)

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Kim Shoup	103 Donton Drive New Smyrna Beach, FL 32168	Add Remove
<u> </u>			Add Remove
			Add Remove
			Domaria
D. If amen	ding any other information, enter ch	ange(s) here: (Attach additional sheets, if neces	OB OCT 28 AM I SECRETARY OF ST. IALLAHASSEE, FLOR
Dated Septe	ember 15, 20	108 Mars a	1:42
	Ryeip Shoup	mber or anthorized representative of a member yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00