

L04000049899

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

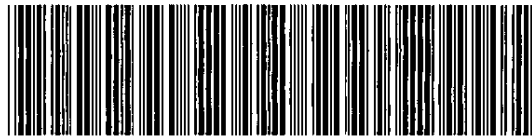
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. THOMAS
JUN 23 2009
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Blue Sky Investments, L.L.C.
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:

Lazare Ervais
Name of Person

Blue Sky Investments, L.L.C.
Firm/Company

555 N.W. 4th Ave, Apt 206
Address

Boca Raton, Florida, 33432
City/State and Zip Code

rlh807@aol.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Ruth Huchet at (561) 271-1836
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 Investments, L.L.C.

(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 7/6/2004 and assigned Florida document number L04000049899.

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 abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

555 N.W. 4th Ave.,

Apt 206

Boca Raton, Florida, 33432

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

555 N.W. 4th Ave.,

Apt 206

Boca Raton, Florida, 33432

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:

555 N.W. 4th Ave. Apt. 206,

Enter Florida street address

Boca Raton

City

, Florida

33432

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>	<u>Address</u>	<u>Type of Action</u>
MGRM	Lazare Ervais Trust	555 N.W. 4th Ave Apt 225 Boca Raton, Florida, 33432	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Lazare Ervais	555 N.W. 4th Ave, Apt 206 Boca Raton, Florida, 33432	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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MAY 19 2009

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

Dated May 19, 2009

Lazare Ervais
Signature of a member or authorized representative of a member

Lazare Ervais
Typed or printed name of signee