

LOS0000 70259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

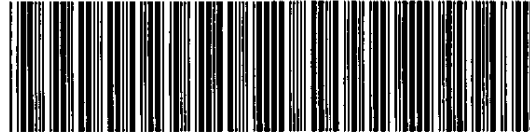
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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JUL 12 2016  
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TALLAHASSEE, FLORIDA  
JUL 12 PM 2:05

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Blue Sky Berry Farm 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:

Dana Crosby

\_\_\_\_\_  
Name of Person

Blue Sky Berry Farm, LLC

\_\_\_\_\_  
Firm/Company

3156 Iberville Way

\_\_\_\_\_  
Address

Tallahassee FL 32311

\_\_\_\_\_  
City/State and Zip Code

danaccrosby@gmail.com

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

FILED STATE  
SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA  
16 JUL 12 PM 2:05

For further information concerning this matter, please call:

Dana Crosby

850 545-6128  
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

Blue Sky Berry Farm, LLC

(A Florida Limited Liability Company)

Page 1 of 3

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>                      |
|--------------|--------------|-----------------------|--------------------------------------------|
| MGRM         | Peter Crosby | 3156 Iberville Way    | <input type="checkbox"/> Add               |
|              |              | Tallahassee, FL 32311 | <input checked="" type="checkbox"/> Remove |
|              |              |                       | <input type="checkbox"/> Change            |
|              |              |                       | <input type="checkbox"/> Add               |
|              |              |                       | <input type="checkbox"/> Remove            |
|              |              |                       | <input type="checkbox"/> Change            |
|              |              |                       | <input type="checkbox"/> Add               |
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TALLAHASSEE, FLORIDA  
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16 JUL 12 PM 2:05

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TALLAHASSEE, FLORIDA  
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**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.

Dated 2-8, 2016

Hana Crook  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

DANA CROSBY

Typed or printed name of signee