

W5000079000

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

W5-79000

(Document Number)

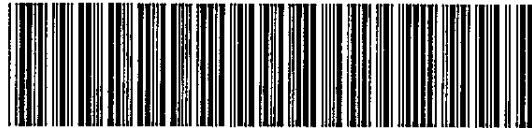
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TALLAHASSEE FLORIDA

M. HODGES

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SKYBLUE DISTRIBUTORS 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:

Kevin Schafer

(Name of Person)

SkyBlue Distributors

(Firm/Company)

1407 Flightline Blvd, Unit 13

(Address)

Deland, FL, 32724, USA

(City/State and Zip Code)

For further information concerning this matter, please call:

Kevin Schafer

(Name of Person)

at ( 386 ) 734-6774

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

SKYBLUE DISTRIBUTORS LLC

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on 08/11/2005 and assigned  
document number L05000079000.

**SECOND:** This amendment is submitted to amend the following:

New member: Raymond Carey Whitley

Address: 539 Compton Ct, Deland, FL, 32724

Tel: 386 837-5956

Dated 02/28/2006

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Kevin Schafer

\_\_\_\_\_  
Typed or printed name of signee

**FILED**  
06 MAR -7 PM 1:37  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**Filing Fee: \$25.00**