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FEB 2 7 2019 S. YOUNG



February 19, 2019

AMAURY CIFUENTES BLUEKEY PERSONAL WEALTH PLANNING 3878 SHERIDAN STREET HOLYWOOD, FL 33021

SUBJECT: BLUEKEY PERSONAL WEALTH PLANNING, A LIMITED LIABILITY

COMPANY

Ref. Number: L05000109837

We have received your document for BLUEKEY PERSONAL WEALTH PLANNING, A LIMITED LIABILITY COMPANY and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

BLUEKEY WEALTH ADVISORS, LLC - L18000163680

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young Regulatory Specialist II

www.sunbiz.org

Letter Number: 619A00003499

Young, Sheila H.

From: Amaury Cifuentes <amaury@bluekeyadvisors.com>

Sent: Wednesday, February 27, 2019 2:46 PM

To: Young, Sheila H. Subject: REF L0500109837

EMAIL RECEIVED FROM EXTERNAL SOURCE

Mrs Young.

As per our conversation, I release the name of BlueKey Wealth Advisors to BlueKey Personal Wealth Planni LLC

Thank you for your assistance.

Amaury S-Cifuentes, CFP® CMP® CERTIFIED FINANCIAL PLANNER M CERTIFIED MEDICAL PLANNER M



Envision tomorrow, today

3878 Sheridan Street Hollywood, Fl 33021 Direct 754-260-1515 | Cell 954-448-2804 www.bluekeyadvisors.com

(Email typed and sent via Smartphone. Please excuse typos or Smartphone word replacements)

CONFIDENTIALITY ADVISORY. Bluckey Wealth Advisors does not accept time-sensitive transnational messages, including orders to buy and sell securities, account allocation instructions, or any other instructions affecting a client account, via e-mail.

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TAX ADVICE DISCLAIMER: Any federal or state tax advice contained in this communication (including attachments) was not intended or written to be used, and it cannot be used, by you for the purpose of (1) avoiding any penalty that may be imposed by the Internal Revenue Service or (2) promoting, marketing or recommending to another party any transaction or matter addressed herein. If you would like such advice, please contact us

COVER LETTER

Registration Section

TO:

		MINUNIC LL CV	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	AMAURY CIFUENTES		
	BLUEKEY PERSONAL A	Name of Person WEALTH PLANNING LLC	
	DEOLKET TERSONAL V		
	Name of Limited Liability Company sed Articles of Amendment and fee(s) are submitted for filing. Irrn all correspondence concerning this matter to the following: AMAURY CIFUENTES Name of Person BLUEKEY PERSONAL WEALTH PLANNING LLC Firm/Company 3878 SHERIDAN STREET Address HOLLYWOOD FL 33021 City/State and Zip Code AMAURY@BLUEKEYADVISORS.COM E-mail address: (to be used for future annual report notification) r information concerning this matter, please call: Y CIFUENTES Name of Person Area Code Daytime Telephone Number is a check for the following amount:		
		Name of Limited Liability Company ment and fee(s) are submitted for filing concerning this matter to the following: AURY CIFUENTES Name of Person Name of	
SUBJECT: BLUEKEY PERSONAL WEALTH PLANNING LLCV Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filling. Please return all correspondence concerning this matter to the following: AMAURY CIFUENTES BLUEKEY PERSONAL WEALTH PLANNING LLC FirmvCompany 3878 SHERIDAN STREET Address HOLLYWOOD FL 33021 City/State and Zip Code AMAURY@BLUEKEYADVISORS.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: AMAURY CIFUENTES Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: Enclosed is a check for the following amount: S25.00 Filling Fee Certificate of Status Certified Copy (additional copy is enclosed) MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Clifton Building			
City/State and Zip Code AMAURY@BLUEKEYADVISORS.COM E-mail address: (to be used for future annual report notification)			
	E-mail address: (to be used for future annual report not	ification)
For further information co	oncerning this matter, please ca	all:	
AMAURY CIFUENTES			
Name of	f Person		ne Telephone Number
Enclosed is a check for th	ne following amount:		
\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Registr Divisio	ation Section in of Corporations	Registration Secti Division of Corpo	on
Tallaha	issee, FL 32314	2661 Executive C	enter Circle

Tallahassee, FL 32301

THE STOR

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLUEKEY PERSONAL WEALTH PLANNING 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 $\frac{11/14/2005}{\text{L05000109837}}$.	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
BLUEKEY WEALTH ADVISORS LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the 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)	19 FEB 27 PM 3: 19
B. If amending the registered agent and/or registered office address on our records, energistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	
- 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being addor-removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
M	MANNY FADRAGA	3878 SHERIDAN STREET HOLLYWOOD FL 33021	B Add
			☐ Remove
			☐ Change
M1	AMAURY CIFUENTES	3878 SHERIDAN STREET HOLLYWOOD FL 33021	≡ Add
			☐ Remove
			Change
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Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the I	st be specific and cannot be prior t lock does not meet the applica	o date of filing or more than ble statutory filing requi	optional) 90 days after filing.) Pursuant trements, this date will not be	o 605.0207 (2 2 listed as th
the record specifies a delaye) The 90th day after the rec		an effective time, a	at 12:01 a.m. on the e	arlier of:
Dated	2019			
			>	
	Signature of a member or autho	rized representative of a me	mber	_
ALALIBU AUTHOAT	·r			
AMAURY CIFUENTI		d name of signee	· · · · · · · · · · · · · · · · · · ·	_

Page 3 of 3

Filing Fee: \$25.00