L09000008256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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FILED
14 MAY 12 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 12 2014

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: BLU SKYE SOLUTIONS, 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:

GREG SCHMID
Name of Person

BLUE SKY SOLUTIONS, LLC
Firm/Company

1223 CHESSINGTON CIRCLE
Address

LAKE MARY, FL 32746
City/State and Zip Code

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

For further information concerning this matter, please call:

GREG SCHMID
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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 21, 2014

GREG SCHMID
1223 CHESSINGTON CIRCLE
LAKE MARY, FL 32746

SUBJECT: BLU SKYE SOLUTIONS, LLC
Ref. Number: L09000008256

We have received your document for BLU SKYE SOLUTIONS, LLC 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 administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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) 245-6051.

Tim Burch
Regulatory Specialist II

Letter Number: 814A00008487

Frank Orlando
15153 Oxford Cove #2304
Fort Myers, FL 33919

April 29, 2014

The Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: CORPORATE NAME RELEASE

I, Frank Orlando, former MGRM of the Florida corporation "Blue Sky Solutions, LLC" have not filed my annual report and I understand this LLC has been administratively dissolved. By this letter I inform you I have no intention of reinstating the name and therefore agree to release the name for use to Greg Schmid, MGRM of Blu Skye Solutions, LLC.

Frank Orlando

5/2/2014
Date

My phone number should you need to contact me regarding further verification:
(239) 989-1608

Frank Orlando

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

BLU SKYE SOLUTIONS, 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 01/26/09 and assigned Florida document number L09000008256.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

BLUE SKY SOLUTIONS, LLC

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)

NO CHANGE

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

NO CHANGE

14 MAY 12 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: _____
Enter Florida street address

_____, **Florida** _____
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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	

14 MAY 12 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated APRIL 15, 2014.

Gregory E. Schmid, As Mgr

Signature of a member or authorized representative of a member

GREGORY E. SCHMID, AS MANAGER

Typed or printed name of signee

14 MAY 12 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: $25.00