

LO9000045883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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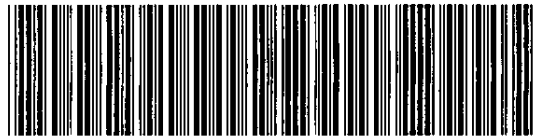
(Business Entity Name)

(Document Number)

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Amend

09/22/09--01026--002 **25.00

LO9-45883

FILED
SEP 22 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. CAUSSEAU

SEP 23 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Blue Sky Property Group, 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:

Brandon Jones

Name of Person

Blue Sky Property Group, LLC

Firm/Company

4545 NW 103 Ave # 205

Address

Sunrise FL 33351

City/State and Zip Code

brandon@thebookpc.com

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

For further information concerning this matter, please call:

Brandon Jones

Name of Person

at (954)

540-4737

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 Property Group, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on May 1, 2009 and assigned
Florida document number L09000045883.

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: 4545 NW 103 Ave # 205
Sunrise FL 33351
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 4545 NW 103 Ave # 205
Sunrise FL 33351
(Mailing address MAY BE A POST OFFICE BOX)

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: Brandon Jones
New Registered Office Address: 4545 NW 103 Ave # 205
Enter Florida street address
Sunrise, Florida 33351
*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 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>
MGR	Christopher B Jones	9612 NW 41 Street Sunrise FL 33351	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Brandon Jones	4545 NW 103 Ave # 205 Sunrise FL 33351	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Joanne Swanson	4545 NW 103 Ave # 205 Sunrise FL 33351	<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

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 SEP 22 PM 12:08

FILED

Dated

9/16/09

Signature of a member or authorized representative of a member

Brandon Jones

Typed or printed name of signee