

L09000045883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

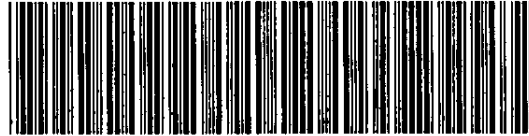
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 MAR 14 PM 12:05

2016 MAR 14 AM 7:57

MAR 16 2016

Y SULKER

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

10232 NW 46th Street

Address

Sunrise FL 33351

City/State and Zip Code

blueskypropertygroup@gmail.com

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

For further information concerning this matter, please call:

Brandon Jones

954

540-4737

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

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>
AMBR	Carol L. Jones	10232 NW 46th Street	<input checked="" type="checkbox"/> Add
		Sunrise FL 33351	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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16 MAR 14 PM 12:06
RECEIVED
CLERK OF SUPERIOR COURT
JANUARY 14 2014

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

16 MAR 14 PM 12:06
ST. LOUIS, MO

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated March 10, 2016

Bar - mgr.
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Brandon Jones

Typed or printed name of signee