## L09000112518

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SECRETARY OF STATION OF CORPORATION SECRETARY OF STATE SECRETARY OF SECRETARY OF

JUN 2 4 2015 8 MASON

## COVER LETTER

TO: Registration of Division of	ion Section of Corporations	٠,
White	e Sky Management LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Article	les of Amendment and fee(s) are submitted for filing.	
Please return all cor	rrespondence concerning this matter to the following:	
	Carlos D Devarona	
	Name of Person	•
	White Sky Management LLC	
	Firm/Company	•
	PO BOX 228658	
	Address	•
	Miami FI 33222	
	City/State and Zip Code	•
	Cdevarona5@gmail.com	
	E-mail address: (to be used for future annual report notification)	
For further informat	ation concerning this matter, please call:	
Carlos D Devarona	a 305 796-7675 at ()	
N:	lame of Person Area Code Daytime Telephone Number	Г
Enclosed is a check	s for the following amount:	
<b>■</b> \$25.00 Filing Fo	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified	ite of Status &

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

FILED SECRETARY OF STATE ARTICLES OF ORGANIZATION DIVISION OF CORPORATION: **OF** 

15 JUN 23 AM 10: 56

White Sky Management LLC			SECRETARY OF STATE	
(Name of the Limited Li (A Fl	ability Compa orida Limited I	ny as it now appears on our rec liability Company)	COLD AHASSEE. FLORIDA	
The Articles of Organization for this Limited Liability Florida document number <u>L09000112518</u>			and assigned	
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the	limited liab	ility company here:		
The new name must be distinguishable and contain the words	'Limited Liabil	lity Company," the designation "	LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		8000 NW 31 ST		
(Principal office address MUST BE A STREET AL		Suite 8		
		Doral FL 33122		
Enter new mailing address, if applicable:		PO BOX 228658		
(Mailing address MAY BE A POST OFFICE BOX	2	Miami FL 33222		
B. If amending the registered agent and/or registered agent and/or the new registered office  Name of New Registered Agent:  N				
	O DOM 0007		7 Cl Cilo C	
New Registered Office Address:	O BOX 2286	Enter Florida street and	31 St. Sunt 8	
<u>*</u>	<del>liami</del> 🔈	City	, Florida 33222 33\22 Zip Code	
New Registered Agent's Signature, if changing Regis	tered Agent:			
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper an accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this chan	nd complete ed agent as <sub>l</sub> stered office	performance of my duties provided for in Chapter 6	s, and I am familiar with and 05, F.S. Or, if this document is	
Carlos D. Devarona				
ALITHORIZATION BY PHONE TO	If Cha	nging Registered Agent, <u>Signat</u>	ure of New Registered Agent	
CORRECT R.A. addiess	II Cha	nging Kegisteren Agent, <u>Signat</u>	ute of New Registered Agent	
DATE 6/24/15	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: SECRETARY OF STATE OIVISION OF CORPORATIONS

MGR = Manager AMBR = Authorized Member

15 JUN 23 AM 10: 56

<u>Title</u>	<u>Name</u>	Address SECRETARY OF STATE	T
MGR	Carlos D Devarona	SECRETARY OF STATE PO BOX 228658  SECRETARY OF STATE ALLAHASSEE, FLORIDA	l □ Add
		MIAMI FL 33222	Remove
			Change
MGR	Joshua Reich	PO BOX 228658	
		MIAMI FL 33222	□ Remove
			<b>⊞</b> Change
			Add
			☐ Remove
			□ Change
			Add
			Remove
			Change
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			Change
			Add
			Remove
			Change

D. If amending any other information, enter change(s) here: (Atta	ch additional sheets, if necessary	r.)	
·			
<u></u>			
			<del></del>
E. Effective date, if other than the date of filing: 3/1/20 (If an effective date is listed, the date must be specific and cannot be prior to date of	(optional)		
Note: If the date inserted in this block does not meet the applicable star	f filing or more than 90 days after filing, utory filing requirements, this date	) Pursuant to will not be	o 605.0207 (3)(b) e 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 ef (b) The 90th day after the record is filed.	fective time, at 12:01 a.m.	on the e	arlier of:
Dated <u>June</u> 8		7.0	
		ALCHE ALCHE	SECRE ISION
Signature of a member or authorized re	presentative of a member	PSSEI 7887	PARE CREEK
			EU STA
Typed or printed name	of signee	4GR 기원[	STATE RATIO
Page 3 of 3			0.

Page 3 of 3

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