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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	BLUE SKY SOL	LUTIONS SW FLA, LLC	C			
		ited Liability Company				
٠		egy Sylvan y Messa		and the second second		
•				•		
The enclosed Article	s of Amendment and fee(s) are su	bmitted for filing.				
Please return all corr	espondence concerning this matte	r to the following:				
		M. Daniel Sasso				
		Name of Person				
		M. Daniel Sasso, P.A.				
	Firm/Company					
		• -		2012 HAR 30 PM 2 5		
	4020	B B				
Address				2		
	Car	-				
		Cape Coral, Florida 33904 City/State and Zip Code				
	b	lueskypest@aol.com				
	E-mail address: (to be used for future annual report not	ification)			
For further informati	on concerning this matter, please of	call:				
	M. Daniel Sasso	at (239)	542-1355			
	me of Person		ne Telephone Number			
Enclosed is a check t	or the following amount:					
\$25.00 Filing Fee	_	\$55.00 Filing Fee &	\$60.00 Fili	ing Fee		
	Certificate of Status	Certified Copy	Certificat	te of Status &		
		(additional copy is enclose		al copy is enclosed)		
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COURIER ADDRESS:				
		Registration Section Division of Corporation of Corporation (Corporation (C				
		Clifton Building 2661 Executive Center Circle				
		Tallahassee, FL 3				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

BLUE SI	KY SOLUTI	ONS SW FLA	A, LLC			
(Name of the Limited (A	Liability Compa Florida Limited I	ny as it now appea Liability Company)	rs on our records.)			
The Articles of Organization for this Limited Liability Company were filed onJune 23, 2010 and assigns Florida document numberL10000067313						
This amendment is submitted to amend the follo	wing:					
A. If amending name, enter the new name of	the limited liab	ility company her	<u>re</u> :			
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ited Liability Compa	any," the designation	"LLC" or the ab	breviation	
Enter new principal offices address, if applica	ible:	9448 Scarlett	te Oak Ave.			
(Principal office address MUST BE A STREET ADDRESS)		Ft. Myers, Flo	orida 33967	<u> </u>	E. Farithina.	
Putou non mailine adduces if annicable.		P.O. Box 587		Y WEST	from many of the state of the s	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Estero, FL 33929				
	<u></u>			,=111.		
B. If amending the registered agent and/o registered agent and/or the new registered off			our records, <u>enter</u>	the name of	the new	
Name of New Registered Agent:	Lisa Marie Young					
New Registered Office Address:	9448 Scarlette Oak Ave.					
	Enter Florida street address					
		Ft. Myers	, Florida _	33967		
		City		Zip Code		
New Registered Agent's Signature, if changing R	egistered 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> Name Address Type of Action MGR Lisa M. Young 9448 Scarlette Oak Ave. Ft. Myers, Fl. 33967 ✓ Add Remove Matthew S. Young MGR 9448 Scarlette Oak Ave. **✓** Add Et Myers FL 33967 Remove MGRM Lisa Marie Young 17528 Allentown Rd. ☐ Add Ft Myers FL 33967 🖾 📝 Remodve Adds ্রি নি Refindve Adda: Remove ∭Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) This shall be a Manager Managed company. March 2012 Signature of a member of authofized representative of a member Lisa M. Young

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00