

L10000081358

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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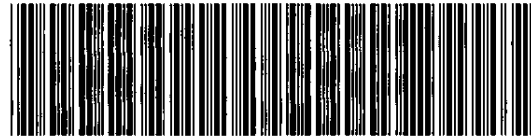
(Business Entity Name)

(Document Number)

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2010 OCT -4 PM 2:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS  
OCT 5 2010  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Blue Skies Wellness, 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:

Elizabeth Ann Thompson

Name of Person

Blue Skies Wellness, LLC

Firm/Company

1112 17th Street

Address

Lake Park, FL 33403-2511

City/State and Zip Code

mamaba@comcast.net

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

For further information concerning this matter, please call:

Elizabeth Ann Thompson at (561) 312-3739

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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

Blue Skies Wellness, LLC

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

2010 OCT -4 PM 2:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 08/03/2010 and assigned  
Florida document number L10000081358

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:

(Principal office address MUST BE A STREET ADDRESS)

C/O Elizabeth Ann Thompson  
1112 7th Street  
Lake Park, FL 33403-2511

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

same as above

**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:

Remains the same

New Registered Office Address:

John T. Paxton, P.A.

Enter Florida street address

City, Florida 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

Title	Name	Address	Type of Action
MGRM	Michael Goelz	11431 81 <sup>st</sup> Court North West Palm Beach, FL 33412	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Elizabeth ANN Thompson	1112 7 <sup>th</sup> Street Lake Park, FL 33403-2511	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated September 29<sup>th</sup>, 2010

Michael A. Boly 

Signature of a member or authorized representative of a member

Michael

Typed or printed name of signee

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TALLAHASSEE, FLORIDA