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,	(City/State/Zip/Phone #)
PICK-UP	MAIL MAIL
	(Business Entity Name)
-	(Document Number)
Certified Copies	Certificates of Status
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Special Instructions	s to Filing Officer:
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COVER LETTER

TO:	Registration Sect Division of Corpo		i		
SUBJEC		dings Growth 2 LLC	•		
BOBOLA	J1,	Name of Limit	ted Liability Company		
The encl	osed Articles of A	mendment and fee(s) are subn	nitted for filing.		
Please re	eturn all correspond	dence concerning this matter to	o the following:		
		Preston O. Cockey, Jr.			
			Name of Person		
•		Preston O. Cockey, Jr., P.A			
			Firm/Company	····	
		110 E. Madison Street, Suit	te 204		
			Address		
		Tampa, FL 33602			
			City/State and Zip Code		
		david@rattner.us	1		
			o be used for future annual rep	ort notification)	
For furth	ner information cor	icerning this matter, please ca	11:		
David T	. Rattner		239 246- at ()	1716	
	Name of I	erson	Area Code	Daytime Telephone N	umber
Enclose	d 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 enclose	ced) Cer	00 Filing Fee, rtificate of Status & rtified Copy litional 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 Holdings Growth 2 LLC	
(Name of the Limited Liability Compa (A Florida Limited I	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L130000112385	were filed on August 8, 2013 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	14194 Reflection Lakes Drive
(Principal office address MUST BE A STREET ADDRESS)	Fort Myers, FL 33907
Enter new mailing address, if applicable:	14194 Reflection Lakes Drive
(Mailing address MAY BE A POST OFFICE BOX)	Fort Myers, FL 33907
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	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 605, 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 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>	Address	Type of Action
MGR	Blue Sky Holdings, Inc.	14194 Reflection Lakes Drive	■ Add
j j		Fort Myers, FL 33907	Remove
			☐ Change
MGMR	David T. Rattner Trust	996 Wittman Drive	□ Add
		Fort Myers, FL 33919	■ Remove
			□ Change
MGR	Edie Marie Rattner Trust	996 Wittman Drive	
		Fort Myers, FL 33919	■ Remove
			Change
			Add
			□ Remove
			☐ Change
			Add
			Remove
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ffective date, if other than the date of filing:an effective date is listed, the date must be specific and cannot be		(o _l	ptional)
an effective date is listed, the date must be specific and cannot be total. If the date inserted in this block does not meet the ap	prior to date of filir	ng or more than 90 days a y filing requirements,	fter filing.) Pursuant to 605.0 this date will not be listed
ocument's effective date on the Department of State's reco			
e record specifies a delayed effective date, but The 90th day after the record is filed.	t not an effec	tive time, at 12:0	1 a.m. on the earlie
ated August 21	γ		
	/		
May 1. K	eltner	1 reston	_

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Typed or printed name of signee

Filing Fee: \$25.00