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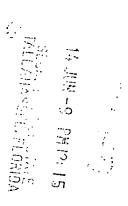
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COVER LETTER

	egistration Sectivision of Corp			
SUBJECT	Sky B	lue Distributor	rs, LLC	
SOBJECT	·		ed Liability Company	
The enclos	ed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please retu	rn all correspon	dence concerning this matter to	o the following:	
		Ruthann For	ng	
		· · · · · · · · · · · · · · · · · · ·	Name of Person	`
		Sky Blue Dis	tributors, LLC	
			Firm/Company	
		PO Box 2210	051	
			Address	
		Hollywood, F	L 33022	
		ruthann_fong@hot	City/State and Zip Code	
			be used for future annual report notificat	ion)
For further	information cor	ncerning this matter, please cal	11:	
Ruth	ann Fo	ng	_{at} 954 470-37	17
	Name of I	Person		lephone Number
Enclosed is	a check for the	following amount:		
\$25.00		□ \$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

(Name of the Limited Liability Compa	inv as it now annears on our records)	
(Name of the Limited Liability Compa (A Florida Limited I	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L13000116186</u> .	were filed on 08/16/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
SKY BLUE ENTERPRISES, LLC		
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1912 Jefferson St, Apt 3	
(Principal office address MUST BE A STREET ADDRESS)	Hollywood, FL 33020	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 221051 Hollywood, FL 33022	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, <u>enter</u> <u>e</u> :	the name of the new
Name of New Registered Agent:		
New Registered Office Address:		<u> Sa (a. 14)</u>
	Enter Florida street address	
	, Florida	
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code:
I hereby accept the appointment us registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, and I am	familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
		4	
			☐ Remove
			Remove
			LJ Add
			☐ Remove
··			Add
			□ Remove
			Remove
			T Add
			Remove
			Remove
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		· · · · · · · · · · · · · · · · · · ·	☐ Remove

	-
ffective date, if other than the date of filing: ne effective date must be specific, cannot be prior to date of receipt or filed date and cannot be not date this document is filed by the Florida Department of State)	(optional) nore than 90 days after
June 7 2014	
Signature of a member or authorized eppesentative of	a member

Page 3 of 3

Filing Fee: \$25.00

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