

L1400097904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

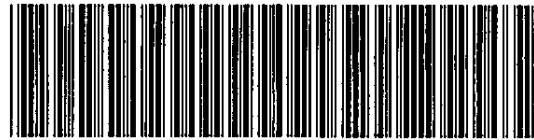
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09/07/16--01008--030 \*\*25.00

FILED  
16 SEP -6 PM 04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 SEP -6 AM 11:04  
TALLAHASSEE, FLORIDA

09/18

JOHN W. BOYER, P.A.

CERTIFIED PUBLIC ACCOUNTANT

3300 PGA BOULEVARD

SUITE 625

PALM BEACH GARDENS, FL 33410

TELEPHONE: 1 (561) 622-1974

FACSIMILE: 1 (561) 622-1918

8/31/2016

Division of Corporation

Re: DOC# L1400097904

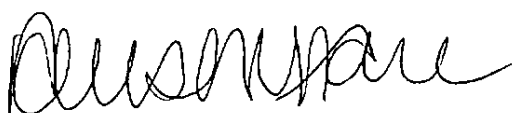
Blue Sky Billing LLC

Please See Registered Agent Change.

Please Remove John W Boyer and

ADD Carly Miranda.

Thank you



MGR

622-1974

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BLUE SKY BILLING 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:

CARLY MIRANDA

Name of Person

BLUE SKY BILLING LLC

Firm/Company

385 GLENBROOK DRIVE

Address

LAKE WORTH, FL 33462

City/State and Zip Code

CARLY@IDEALBILLING.COM

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

For further information concerning this matter, please call:

CARLY MIRANDA

at 561 502-2082

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

BLUE SKY BILLING LLC

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

The Articles of Organization for this Limited Liability Company were filed on JUNE 18, 2014 and assigned  
Florida document number L1400097904.

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 contain 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)

385 GLENBROOK DRIVE

LAKE WORTH, FL 33462

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

CARLY MIRANDA

385 GLENBROOK DRIVE

LAKE WORTH, FL 33462

**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:

CARLY MIRANDA

New Registered Office Address:

385 GLENBROOK DRIVE

*Enter Florida street address*

LAKE WORTH

Florida 33462

City

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>	<u>Address</u>	<u>Type of Action</u>
MGR	JOHN W BOYER	3300 PGA BLVD SUITE 625	<input type="checkbox"/> Add
		PALM BEACH GARDENS, FL 33410	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CARLY MIRANDA	385 GLENBROOK DRIVE	<input checked="" type="checkbox"/> Add
		LAKE WORTH, FL 33462	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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16 SEP 6 PM  
TALLAHASSEE, FLORIDA  
CLERK OF SUPERIOR COURT

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

16 SEP - 6  
SEMINARY OF STATE  
TALLAHASSEE, FLORIDA

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77  
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 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 effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated AUGUST 31, 2016

*John Bayer*  
Signature of a member or a

Signature of a member or authorized representative of a member

JOHN W BOYER

Typed or printed name of signee