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| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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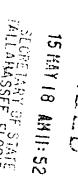
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| | istration Secti ision of Corpo | | | 3 | ` . |
|------------------------------|-----------------------------------|--|---|-------------------------|------------------|
| CUBIROR | BluSky Assoc | | | | |
| SUBJECT: | | Name of Limited Liability Company | | | |
| The enclosed | Articles of Ar | nendment and fee(s) are subt | nitted for filing. | | |
| Please return | all correspond | lence concerning this matter | to the following: | | |
| | | Christopher Hart | | | |
| | | | Name of Person | | - |
| | | KLH Capital, L.P. | | | |
| | | | Firm/Company | | - |
| 601 Bayshore Blvd, Suite 850 | | | | | |
| | | | Address | | - |
| | | Tampa, FL 33606 | | | _ |
| | | chris@klhcapital.com | City/State and Zip Code | | - |
| | | E-mail address: (1 | to be used for future annual rep | ort notification) | |
| For further in | nformation con | cerning this matter, please ca | all: | | |
| Chris Hart | | | 813 222-0 at ()_ |)160 | |
| | Name of P | Person | | Daytime Telephone Numbe | r |
| Enclosed is | a check for the | following amount: | | | |
| ■ \$25.00 F | filing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclose | ed) Certified | ate of Status & |
| • | | | | | 15 ALL ALL |

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

BluSky Associates, 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 04/14/2015 and assigned Florida document number _____L15000064887 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address 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 liabilities 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> | Type of Action |
|--------------|-----------------|------------------------------|--|
| MGR | Paul J. Leck | 601 Bayshore Blvd, Suite 850 | D Add |
| | | Tampa, FL 33606 | ■ Remove |
| | | | Change |
| MGR | John F. Kirtley | 601 Bayshore Blvd, Suite 850 | Add |
| | | Tampa, FL 33606 | ■ Remove |
| | | | ☐ Change |
| | | | □ Add |
| | | | Remove |
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| Note: 11 | e date, if other than the tive date is listed, the date must the date inserted in this bl nt's effective date on the D | ock does not meet the | e applicable statutory | g or more than 90 days y filing requirements | optional) after filing.) Pursuan s, this date will not | nt to 605.0207 be listed as |
| | ord specifies a delayed 90th day after the rec | | out not an effect | tive time, at 12: | 01 a.m. on the | earlier o |
| | ⁄lay 14 | 2015 | 5 ———————————————————————————————————— | | <u> </u> | |
| N | | 7/2 | B | | - F 65 | আঃ |
| N | | Signature of a member | or authorized represen | ntarive of a momber | Par Em | 5 MAY |
| | James B. Darnell, Mgr | Signature of a member | or authorized represen | ntarive of a member | LAMASSEE, | |

Page 3 of 3

Filing Fee: \$25.00