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S. WARREN 0CT 0 9 2017

COVER LETTER

	ion Section of Corporations		
SUBJECT: BI	ue Sky Metals, LLC		
		mited Liability Company	
The enclosed Artic	les of Amendment and fee(s) are su	ibmitted for filing.	
Please return all co	rrespondence concerning this matte	er to the following:	
	Michael D	lumas	
		Name of Person	
	Blue Sky	Metals, LLC	
		Firm/Company	
	P.O. Box	721	
		Address	
	Sarasota	, FL 34274	
		City/State and Zip Code	
		@bluesky-metals.com	
	E-mail address	: (to be used for future annual report notif	ication)
For further informa	ntion concerning this matter, please	call;	
Michael D	umas	at (<u>941</u>) 441-862	22
١	Same of Person	Area Code Daytime	Telephone Number
Enclosed is a check	c for the following amount:		
		El ess on rillian para	□ 670 00 DE P
⊠ \$25.00 Filing I	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

Blue Sky Metals, L	LC		
(<u>Name of the Limited</u>	1 Liability Company as it now appear A Florida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Lia	bility Company were filed on	05/12/2015	and assigned
his amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of	the limited liability company he	<u>re</u> :	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the de	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:		
Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE B	OX)		
B. If amending the registered agent and/oregistered agent and/or the new registered off	•	our records, ent	er the name of the
Name of New Registered Agent:	James M Dumas	-	- 6
New Registered Office Address:	1716 Seeds Avenue		지역 2 명
	Enter Flor Sarasota	ida street address Florida	RED 34254
	City	, rionua	Ziv 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
AMBR	James M Dumas	1716 Seeds Avenue, Sarasota, FL 342	<u>234</u> ⊠ Add
			□ Remove
			Change
AMBR	Michael R Dumas	1716 Seeds Avenue, Sarasota, FL 34	234 _ Add
			□ Remove
			⊠ Change
			Add
			Remove
			☐ Change
			Add
			☐ Remove
			Change
			Remove 17 0 Change -6 Add C
			in the move
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fective date	e, if other than the date of (filing:	(optional)	
an effective dat	te is listed, the date must be specif	he and cannot be prior to date of filing or m not meet the applicable statutory filin	ore than 90 days after filing.) Pursuar	nt to 605.02 Bollietad
	fective date on the Department		g requirements, this date with not	oe nstea
e record sp	pecifies a delayed effecti	ive date, but not an effective t	ime, at 12:01 a.m. on the	earlier
	day after the record is fi		·	
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	₩ - 	of a member or authorized representative	of a member	1
	Signature		in a	11!
		4.5.5		ED
		el R Dumas Typed or printed name of signee	PH 1: 42 0: STATE E. FLORIDI	

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