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JUN 05 2018

COVER LETTER

Division of	Corporations		
BLUE:	SKY MIND LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	Alejandra Lopez		
		Name of Person	
	AES ACCOUNTING & C	ONSULTING	
		Firm/Company	
	6965 Piazza Grande Ave. S	Suite 209	
		Address	
	Orlando FL 32835		
		City/State and Zip Code	
	admin@aesaccounting.net		
	E-mail address: (i	to be used for future annual report notif	ication)
For further information	on concerning this matter, please ca	all:	
Alejandra Lopez		407 530-0958	
Nar	ne of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for	or the following amount:		
S25.00 Filing Fee	S30,00 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:

TO:

Registration Section :

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 MIND LLC

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

(A Florida	a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number <u>L17000073371</u>	Company were filed on <u>03/31/2017</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		60
(Principal office address MUST BE A STREET ADDR	RESS)	=
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	·	<u> </u>
		ie.
B. If amending the registered agent and/or registered agent and/or the new registered office add Name of New Registered Agent:		er the name of the new
New Registered Office Address:		
	Enter Florida street address	
	Florida	<u> </u>
	City	Zip Code
New Registered Agent's Signature, if changing Registered		
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and caccept the obligations of my position as registered as being filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of my duties, and I am gent as provided for in Chapter 605, F.S. O	n familiar with and Or, if this document is
	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
AR ———	Mariana Nunes Rocha	1300 LAS FUENTES DR	
		KISSIMMEE, FL 34746	□ Remove
AR	Isabela Nunes Rocha	1300 LAS FUENTES DR	Add
		KISSIMMEE, FL 34746	☐ Remove
			■ Change
			Add
			Remove
			☐ Change
			Add
			☐ Remove
			Change
			□ Add
			Remove
			□ Change
			🗆 Remove
			□ Change

Effective date, if other than the date of filing: Office 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 605.02 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. The effective date are delayed effective date, but not an effective time, at 12:01 a.m. on the earlier. The 90th day after the record is filed.						
Effective date, if other than the date of filing: O4/18/2018						
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Effective date, if other than the date of filing: 04/18/2018						
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Filing Fee: \$25.00