L18000002938

(Req	uestor's Name)	
(Addi	ress)	
(Addi	ress)	
(City/	State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Busi	ness Entity Nar	me)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



700325542337

03/01/19--01012--024 **25.00

TO MARK A MAN ON ON

brund

MAR 09 2019

D CUSHING

COVER LETTER

	gistration Section rision of Corporations	
SUBJEC	Blue Sky Villas, LLC Namo of Limited Liability Company	
The encl	d Articles of Amendment and fee(s) are submitted for filing.	
Please re	all correspondence concerning this matter to the following:	
	Stephen Zaldara Name of Person	
	Blue Sky Villas, LLC Firm/Company	
	206 E South St. #1017	
	Orlando FL 32801 City/State and Zip Code Stephen & Blue Skyvillas. Com Final address: (to be used for luture sectual report notification)	TWISION OF
For furth	nformation concerning this matter, please call:	000 1000 1000 1000 1000 1000 1000 1000
<u>S</u>	phen Zaldana at (407) 575 - 4920 99 Name of Person Area Code Daytime Telephone Number	OF STAIL SEPORATIONS
Enclosed	a check for the following amount:	
⊠ \$25.0	Filing Fee	

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 Villas	,LLC	
(Name of the Limited Liability Compar (A Florida Limited L	ay as it now appears on our recordability Company)	ras.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L1800002938</u> .	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	St. (2)	Comments of the Comments
The new name must be distinguishable and contain the words. Tamifed Habili	ny Company, the designation (1).	C or the annieviation [14.0, 15.0]
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		ري عر يب عن
		PORATION 8: 0.9
Enter new mailing address, if applicable:		8: 9
(Mailing address MAY BE A POST OFFICE BOX)		ي <u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ds, enter the name of the nev
Name of New Registered Agent:	 	
New Registered Office Address:		
	Enter Florida street addr	'ess
	, F	Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete, accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, o provided for in Chapter 605	and I am familiar with and 5, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being a or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Stephen Zaldana	206 E South St #1017	_ ⊠ Add
	•	206 E South St #1017 Orlando FL 32801	□ Remove
			Change
			Remove
			Change
			Add
			□ Remove
			Change
			_□ Add
			Remove
			Change
			Add
		 	🗆 Remove
		-	🗆 Change
			D Add
			_□ Remove
			□ Change

s, a gaithui	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
· ··	
_	
	.
·	
(If an effective Note: If t	date, if other than the date of filing:
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: th day after the record is filed.
Dated	February 26. 2019
	Signature of a member or authorized representative of a member
	<teda 7.16<="" td=""></teda>

Page 3 of 3

Filing Fee: \$25.00