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## **COVER LETTER**

		ration Sec n of Corp						
SUBJEC	T•	BLUE SK	Y PROPERTY INVESTME	NTS, LLC				
оо <b>ро</b> ве	··		Name of Lim	ited Liability Company				
The enclo	osed Ar	ticles of A	mendment and fee(s) are sub	mitted for filing.				
Please ret	turn all	correspon	dence concerning this matter	to the following:				
				MIRLENE A. HALE		_		
				Name of Person				
				Firm/Company		-		
				556 NW NOEGEL RD				
				Address	****	_		
				LAKE CITY, FL 32055				
				City/State and Zip Code		-		
				ypropertyinvestments@gmail.com to be used for future annual report not	ification)		91.65	·* <u> </u>
For further	er infoi	rmation co	ncerning this matter, please c	·	meanon)	E. C.	1.58	-
_ N	(IRLE)	NE "ABB	Y" HALE	at ( 386 _) 344-7535		. ".	φ 7	( i
		Name of	Person	Area Code Daytin	ne Telephone Number	r - 3	ارة الأراث	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Enclosed	is a ch	eck for the	e following amount:			76	مند	
\$25.0	00 Filin	g Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Stati		

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 PROPERTY INVESTMENTS, LLC

(Name of the Limited Liability Comp. (A Florida Limited	any as it now appe Liability Company	ars on our record	<u>s.</u> )		
The Articles of Organization for this Limited Liability Company Florida document numberL18000042037	were filed on _	FEBRUARY	15, 2018	and assi	gned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lial	oility company	<u>here</u> :			
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the	designation "LLC	" or the abbrev	iation "L.I	л.С."
Enter new principal offices address, if applicable:		<u> </u>			
(Principal office address MUST BE A STREET ADDRESS)					
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)				-Xn	
				쯦	A STATE OF THE STA
				P. O. C.	CINCERS.
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		on our records	s, enter the		-+014-1
			<u> </u>	U	¥ 3 1
Name of New Registered Agent:				. ? <u>.</u>	SALW.
New Registered Office Address:			77-	<b>6</b> 2	
New Registered Office Address.	Enter F	lorida street addres	S	<del></del>	
		, Flo	orida		
	City			Lip Code	
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>				
I hereby accept the appointment as registered agent and age provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance e provided for in	of my duties, an Chapter 605, i	nd I am fami F.S. Or, if ti	liar witi iis docu	n and ment 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>	<u>Address</u>	Type of Action
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ed	APRIL 11,	2018	— <sub>7</sub>				
	Mirlene	<u>A.</u>	Hale				
	Signature of a r	nember or auti	norized represen	tative of a membe	Г		

Page 3 of 3

Filing Fee: \$25.00