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(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	me)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

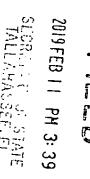




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R. WHITE FEB 1 8 2019



COVER LETTER

Division of Cor	porations		
	usiness Group, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Richard Blackwell		
	·	Name of Person	
	Ric Blackwell Law, PA		
		Firm/Company	
	10600 Chevrolet Way, Sui	te 212	
		Address	
	Estero, FL 33928		
		City/State and Zip Code	
	ric@ricblackwelllaw.com E-mail address: (to be used for future annual report notif	ication)
For further information of	oncerning this matter, please ca	all:	
Richard Blackwell		239 240-7764	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	ne following amount:		
■ \$25.00 Filing 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:

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

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



BlueSky Business Group, LLC

2019 FEB 11 PM 3: 39

(A Florida Lin	nited Liability Company)	TALLOS STATE
The Articles of Organization for this Limited Liability Com	pany were filed on 1-18-2018	and assigned
Florida document number L19000021021		
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	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		ls, enter the name of the
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 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

Title	Name	Address	Type of Action
MGR	William Kehn	8890 Terrance Court, Suite 103 Bonita Springs, FL 34135	Add
			□ Remove
			Change
AMBR	Paul Mceuwsen	8890 Terrance Court, Suite 103 Bonita Springs, FL 34135	Add
			☐ Remove
			■ Change
			Remove
			Change
			□ Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			Change
			□ Add
			☐ Remove
			Change

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ffoct	ive date, if other than the date of filing: (optional)
fan efl <mark>Note:</mark>	ective date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	February 7
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00