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(Address)	
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(City/State/Zip/Pho	ne #)
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COVER LETTER

	rision of Corp		•		
SUBJECT:		siness Group, LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	d Articles of :	Amendment and fee(s) are sub	mitted for filing,		
Please return	all correspon	ndence 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			
		ric@rieblackwelllaw.com	City/State and Zip Code		
		E-mail address: (to be used for future annual report notifi	cation)	
For further is	nformation co	oncerning this matter, please ca	all:		•
Ric Blackwe	: 11		239 240-7764		=
	Name of	Person	at () Area Code Daytime	Telephone Number	
Enclosed is a	a check for th	e following amount:			
■ \$25.00 F	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 Statu 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

BlueSky Business Group, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on January 18, 2019 _____ 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" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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
MG	Kehn, William	8890 Terrene Court Suite 103, Bonita Springs, FL 34135	☐ Add
			■ Remove
			☐ Change
			Add
			☐ Remove
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Note: If the date inserted	than the date of filing: the date must be specific and cannot be pain this block does not meet the apon the Department of State's reco	oplicable statutory filing requ	an 90 days after filing.) Pursuant to 60 aircments, this date will not be lis	05,0207 (3)(sted as the
f the record specifies a	delayed effective date, but the record is filed.	: not an effective time,	at 12:01 a.m. on the earl	lier of:
b) The 90th day after				
b) The 90th day after Dated November 7	2019	·		

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Typed or printed name of signee

Filing Fee: \$25.00