L19000021021

(F	Requestor's Name)	
(/	Address)	
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	City/State/Zip/Phone #)	
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(1	Business Entity Name)	
(1	Document Number)	
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ial Instructions	to Filing Officer:	

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COVERLETTER

Registration Section Division of Corporations

BlueSky B JECT:	usiness Group, LLC	•	
	Name of Lim	ited Liability Company	
enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
se return all corresp	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		
	ric@ricblackwelllaw.com	City/State and Zip Code	
	<u>-</u>	to be used for future annual report noti	fication)
urther information (concerning this matter, please c	all:	
Blackwell		239 240-7764	
Name o	of Person	at () Area Code Daytime	e Telephone Number
osed is a check for t	he 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:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO 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) Articles of Organization for this Limited Liability Company were filed on $\frac{1-18-2019}{1-1}$ _____ and assigned ida document number L19000021021 amendment is submitted to amend the following: f amending name, enter the new name of the limited liability company here: iew name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." er new principal offices address, if applicable: ncipal office address MUST BE A STREET ADDRESS) er new mailing address, if applicable: iling address MAY BE A POST OFFICE BOX) f amending the registered agent and/or registered office address on our records, enter the name of the new registered t and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City Registered Agent's Signature, if changing Registered Agent: reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the isions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and pt the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is g filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability pany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Name	<u>Address</u>	Type of Action
Timothy Bellon	8890 Terrene Court, Suite 103	□Add
	Bonita Springs. FL 34135	≅ Remove
		Change
		□Rеточе
		□Change
		□Add
		□Remove
		□ Change
	 	Cl Add
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		□Change

moved from our records:

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ve date, if other than ective date is listed, the date	the date of filing	ennest by prior to	, data af filing an a	(optio	nal)
If the date inserted in th	is block does not m	reet the applical	ole statutory filir	g requirements, this	date will not be listed as
ent's effective date on th	ne Department of S	tate's records.			
ispecifies a delayed efficed.	ective date, but not	un récetive tim	ie, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
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January 19		2923			
		/	<u>.</u> ·		
	X				
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	Signature of a n	nember or author	ized representative	of a member	

Filing Fee: \$25.00