

L19000 028 322

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

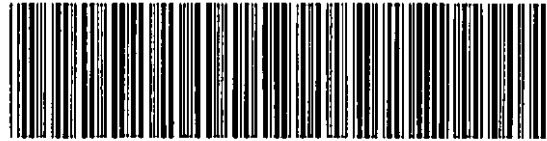
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LHC
AMEND
11/12/19
DC

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BLUE SKY BUSINESS SERVICES LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael A Conti-Ferner

Name of Person

Firm/Company

4320 1st Ave. N

Address

St Petersburg, FL 33713-8206

City/State and Zip Code

michael.conti-ferner@outlook.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael A Conti-Ferner

727

677-1199

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
CLERK OF STATE
DIVISION OF CORPORATION
19 NOV -8 PM 2:37

BLUE SKY BUSINESS SERVICES 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 02/04/2019 and assigned
Florida document number L19000028322.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4320 1st Ave. N

St. Petersburg, FL 33713-8206

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4320 1st Ave. N

St. Petersburg, FL 33713-8206

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:

Michael A Conti-Ferner

New Registered Office Address:

4320 1st Ave. N

Enter Florida street address

St. Petersburg

City

Florida 33713-8206

Zip Code

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.

Michael A Conti-Ferner

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>	<u>Type of Action</u>
CEO	Michael A Conti	790 Hickory Ln	<input type="checkbox"/> Add
		Palm Harbor, FL 34683	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
COO	Brian D Langille	790 Hickory Ln	<input type="checkbox"/> Add
		Palm Harbor, FL 34683	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
CFO	Robert S Burns	2350 4th Ave. S	<input type="checkbox"/> Add
		St. Petersburg, FL 33712	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Michael A Conti-Ferner	4320 1st Ave. N	<input checked="" type="checkbox"/> Add
		St. Petersburg, FL 33713-8206	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Daniel P Conti-Ferner	4320 1st Ave. N	<input checked="" type="checkbox"/> Add
		St. Petersburg, FL 33713-8206	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated November 1st 2019

Signature of a member or authorized representative of a member

Typed or printed name of signee