## L19000207745

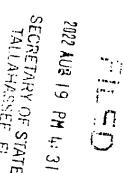
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## · COVER LETTER

TO:

Registration Section

Division of Cor	rporations		
Removing or	ne partner and converting to a Sole	Proprietor LLC and change of addres	s
SUBJECT:		<u> </u>	
	Name of Lim	ited Liability Company	\ <i>\</i> \.
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing	11/1/2
Please return all correspo	ondence concerning this matter	to the following:	<b>3</b> \ \
	Norman A Kent		- (
	7.0111.417.777.611.		
Name of Limited Liability Company  to enclosed Articles of Amendment and fee(s) are submitted for filing.  Porman A Kent    Name of Person			
	Blue Sky Quanta, LLC		
		P"(O	
	20	Limited Liability Company  submitted for filing.  Itter to the following:  Name of Person  Firm/Company  Address  City/State and Zip Code  ss: (to be used for future annual report notification)  se call:  386	
Removing one partner and conversing to a Sole Proprietor LLC and change of address  SUBJECT:  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:  Norman A Kent  Name of Person  Blue Sky Quanta, LLC  Firm/Company  2 Ocean Vista Ln  Address  Palm Coast, FL 32137  City/State and Zip Code  info@normankent.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Norman A Kent  386  451-1294  at (  Area Code  Daytime Telephone Number Certified Copy (additional copy is enclosed)  Enclosed is a check for the following amount:  P\$255.00 Filing Fee  S30.00 Filing Fee Scrifficate of Status  Certified Copy (additional copy is enclosed)  Mailling Address:  Registration Section  Division of Corporations  P.O. Box 6327  The Centre of Tallahassee			
		Address	<del> </del>
Removing one partner and converting to a Sole Proprietor LLC and change of address  SUBJECT:  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:  Norman A Kent  Name of Person  Blue Sky Quanta, LLC  Firm/Company  2 Ocean Vista Ln  Address  Palm Coast, FL 32137  City/State and Zip Code  info@normankent.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Norman A Kent  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  X 525.00 Filing Fee  Certificate of Status  Certificate Copy (additional copy is enclosed)  Mailing Address:  Registration Section Division of Corporations P. O. Box 6327  The Centre of Tallahassee			
	<u></u>		<del></del>
	info@normankent.com	City/State and Zip Code	
			!A:
	E-mail address: (	to be used for ruture annual report not	incation)
For further information of	concerning this matter, please c	all:	
Norman A Kent		386 451-1294	
Ni	.f.p		Talanhara Number
Name (	or reison	Area Code Dayun	ne Telephone Numoer
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
		Certified Copy	
		(additional copy is enclosed)	
Mailing Addres	ss:	Street Address:	
		Registration Se	ection
Tallahassee,	FL 32314	2415 N. Monro	pe Street, Suite 810

850-245-6000

Tallahassee, FL 32303

## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Blue Sky Quanta, LLC

(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited I Florida document number L19000207745	Liability Company	were filed on		and assigned
This amendment is submitted to amend the following	llowing:			*\
A. If amending name, enter the new name	of the limited liab	oility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designation	n "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:		2 Ocean Vista Ln		
(Principal office address MUST BE A STRE		Palm Coast, FL 32137		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and/or	registered office	2 Ocean Vista Ln Palm Coast, FL 32137  address on our records,		2022 AUS 19 PH 4: 3TH
agent and/or the new registered office addre				(
Name of New Registered Agent:	Norman A Kent	<u> </u>	·	
New Registered Office Address:	2 Ocean Vista I			
		Enter Florida street	address	
	Palm Coast		, Florida	
Naw Dagistared Agent's Signature if shapping	D 14 .14	City	2	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.

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
Owner	Caroline E Layne	4272 Ripken Circle East, Jacksonville, FL 32224	□Add
			Remove
			□Change
			□Add
			□ Remove
			□Change
			□ Add
			□Remove
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	any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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	Application of the control of the co	
Note: If the da	e, if other than the date of filing:	.0207 (2 ed as th
he record specifi ord is filed.	ries a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	r the
Dated	12/31/22	
	Signature of a member or authorized representative of a member	
	NORMAN A KENT  Typed of printed name of signee	

Filing Fee: \$25.00