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R. HUNT

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COVER LETTER

	Registration Sec Division of Corp				
SUBJEC	FL BLUE SI				
acourc	T:				
The encl	osed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspor	ndence concerning this matter	to the following:		
		ASHLEY J BALDERAS			
			Name of Person	- <u> </u>	
		FL BLUE SKY CONTRU	CTION LLC		
			Firm/Company		20
		744 SW MCCOY AVE			23 OC
			Address		.23
		PORT ST LUCIE, FL 349	53		
			City/State and Zip Code		2023 OCT 23 PM 12: 40
		E-mail address: (to be used for future annual report notif	ication)	0
For furth	er information co	oncerning this matter, please c	all:		
ASHLE	Y J BALDERAS		984 779-0629		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed	Lis a check for the	e 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 of Certified Copy (additional copy is enclosed)	
	Mailing Address Registration S		Street Address: Registration Sec	ction	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FL BLUE SKY CONTRUCTION LLC (Name of the Limited Liability Company as it now appears on our records,)
(A Forida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{09/19/2022}{}$ ___ and assigned Florida document number 1.22000408740 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: FL BLUE SKY CONSTRUCTION, LLC 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: (Muiling 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>	<u>Address</u>	Type of Action
MGR	ROGELIO BALDERAS	744 SW MCCOY Ave. Port St Lucie, FL 34953	≣ Add
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			□Change
			□Add
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ctive date, if other than the da effective date is listed, the date must be e: If the date inserted in this block	te of filing: 10/11/2023 specific and cannot be prior to does not meet the applica	o date of filing or more than ble statutory filing require	(optional) 30 days after filing.) Pursuant to 6 ements, this date will not be li	05.0 isted
ment's effective date on the Depa				
ord specifies a delayed effective d filed.	ate, but not an effective tin	ne, at 12:01 a.m. on the ea	urlier of: (b) The 90th day at	ìer t
october 11	2023	_·		
Val		rized representative of a men		

Filing Fee: \$25.00