123000101431

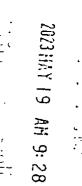
(Requestor's Name)	
(Address)	_
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Dusiness Endry Name)	
(Document Number)	
Certified Copies Certificates of Status	<u></u>
Special Instructions to Filing Officer:	
_	

Office Use Only



900409104589

05/19/23--01003--010 **25.00



C/ 7/16/2023

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
Blue Sky Pr	roperty Management LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Margaret Lapinsky		
		Name of Person	
	Blue Sky Property Manage	ment LLC	
	· · · · · · · · · · · · · · · · · · ·	Fimt/Company	
	1420 Celebration Blvd Suit	te 200	
		Address	
	Celebration FL 34747		
	admin@blueskypropertymg	City/State and Zip Code int.com	
	E-mail address: (to be used for future annual report noti	fication)
	oncerning this matter, please ca		
Margaret Lapinsky		814 440-6530	
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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 Addres		Street Address:	
Registration S Division of C		Registration Sec Division of Cor	
P.O. Box 632	-	The Centre of T	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Blue Sky Property Management LLC

2023 HAY 19 AM 9: 28

(Name of the Limited Liab	ility Company as it now appears on	our records.)	
(A Flor	ida Limited Liability Company)	TAL.	with the
The Articles of Organization for this Limited Liability Florida document number			
Florida document number	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company here:		
The new name must be distinguishable and contain the words "L	imited Liability Company," the design	nation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:	···		
(Principal office address MUST BE A STREET ADI	DRESS)	· -	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or register		rds, <u>enter the name o</u>	f the new registere
agent and/or the new registered office address here	2:		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida s	treet address	
		, Florida	
	City		Zip Code
Name Manifestana d Amenda Cinnotona if abouting Design			•

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 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

Title MGR	<u>Name</u> Cyril Austin Lee	Address 1420 Celebration Blvd, Suite 200 Celebration Fl 34747	Type of Action
			= Add
			Петюvе
			□Change
			□Add
			Петюve
			□Change
			□ Add
			□ Remove
			□ Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			☐Change

•	<u> </u>
•	
,	
,	
•	
•	
-	
-	
•	
C C65-4	includes if athough an the date of fillings.
ະ. Elleci (lían ef	ive date, if other than the date of filing:
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
аосип	nent's effective date on the Department of State's records.
f the recor ecord is fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	May 16 2023
Dateu	
	Signature of member or authorized representative of a member
	,

Typed or printed name of signee