# Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GENERAL SOLUTIONS INC

Account Number : I20140000086

: (305)255-3310

Fax Number : (305)255-3320

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

#### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

#### BLUE SKY LOVING CARE LLC

Certificate of Status	0
Certified Copy	0
Page Count	01

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JUL 13 2023

Estimated Charge \$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

## H230002444603

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLUE SKY LOVING CARE	LLC	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our recor Liability Company)	ds.)
The Articles of Organization for this Limited Liability Company	were filed on 03/03/2023	and assigned
Florida document number L23000113758		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
N/A		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLI	An
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	, N
		:4:
		5. 5.
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ente</u> r	r the name of the new registere
Name of New Registered Agent: N/A		
New Registered Office Address:	Enter Florida street addre	tas
	_ <b>F</b>	lorida
	City	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.

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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>	Name	Address	Type of Action
P	ROXANA MARTIN PEREZ	14515 SW 161ST PL	□Add
		MIAMI, FL 33196	■Remove
			Change
MGR	ROXANA MARTIN PEREZ	14515 SW 161ST PL	<b>⊒</b> Add
		MIAMI, FL 33196	
			Change
			□Adá
			□Remove
			□ Change
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