

L23000179364

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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8/1/24



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 17, 2024

AUG 22 2024

EDITHA BUTLER  
3444 MARINATOWN LN STE 2  
NORT FORT MYERS, FL 33903

SUBJECT: BLUE SKY MEDICAL LLC  
Ref. Number: L23000179364

We have received your document for BLUE SKY MEDICAL LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please select one type of action for each member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett  
Regulatory Specialist II

Letter Number: 824A00013154

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TALLAHASSEE, FL

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

Blue Sky Medical 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 April 11 2023 and assigned  
Florida document number L23000179364.

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)

3444 Marintown Ln #2  
North Fort Myers, FL 33903

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3444 Marintown Ln #2  
North Fort Myers, FL 33903

**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:

3444 Marintown Lane Suite 2

Enter Florida street address

North Fort Myers

City

Florida 33903

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: Changing address only

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Editha Butler	3444 Marinatown Ln Ste 2 North Fort Myers, FL 33901	<input checked="" type="checkbox"/> Add <sup>(New)</sup>
		2256 First St. #175 Fort Myers, FL 33901 <sup>(old)</sup>	<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Ryan Butler	3444 Marinatown Ln Ste 2 North Fort Myers, FL 33901	<input checked="" type="checkbox"/> Add <sup>(New)</sup>
		2256 First St. #175 Fort Myers, FL 33901 <sup>(old)</sup>	<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

check one

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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

**E. Effective date, if other than the date of filing:** May 1, 2024 (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605-0207 (3)(b)  
**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.

(b) The 90th day after the record is filed.

Dated May 30, 2024

Signature of a member or authorized representative of a member

Editha Butler

Typed or printed name of signee