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## **COVER LETTER**

то:	Registration Sec Division of Corp			
		ky Investments LLC		
SUBJI	ECT:	Name of Limi	ted Liability Company	
The en	closed Articles of a	Amendment and fee(s) are subt	nitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Richard Risko		
			Name of Person	
			Firm Company	
		120 N Shine Ave		
			Address	
		Orlando/FL 32801		
			City/State and Zip Code	
		bgbluesky2023@gmail.com		<b></b>
		E-maii address: ()	to be used for future annual report notif	heation)
For fu	rther information c	oncerning this matter, please ca	ıll:	
Richa	rd Risko		407 718.2129	
	Name o	f Person		e Telephone Number
Enclos	sed is a check for th	ne following amount:		
≣ \$1	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 Filing Fee.</li> <li>Certificate of Status &amp; Certified Copy (additional copy is enclosed)</li> </ul>

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite \$10
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

B&G BLUESKY INVESTMENTS LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records liability Company)	<u>'</u>
The Articles of Organization for this Limited Liability Company	were filed on 1-May-2023	and assigned
Florida document number <u>L23000212268</u>		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company." the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2
(Principal office address MUST BE A STREET ADDRESS)		2023 DE
Enter new mailing address, if applicable:		C 27 R
(Mailing address MAY BE A POST OFFICE BOX)		e o
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	5
	Fla	orida
	City.	Zıp 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 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
<u>P</u>	Richard Risko	120 N Shine Ave Orlando, FL 32801	□Add
			■Remove
			□Change
Mgr	Richard Risko	120 N Shine Ave Orlando, FL 32801	■Add
			□Remove
			□Change
VP	Sheri Risko	120 N Shine Ave Orlando, FL 32801	□Add
			■Remove
			□Change
Mgr	Sheri Risko	120 N Shine Ave Orlando, FL 32801	■Add
			□Remove
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			□Remove
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ective date, if other than the or effective date is listed, the date must te: If the date inserted in this blocument's effective date on the De	ock does not meet the ap	plicable statutory fi	(option of the control of the contro	nal) filing.) Pursuant to 605.02 date will not be listed
ecord specifies a delayed effective s filed.	date, hut not an effecti	ve time, at 12:01 a.r	m. on the earlier of: (b)	The 90th day after th
December 21	2023			
ted				
ted C	2			
	Signature of a member or	authorized representat	ive of a member	

Filing Fee: \$25.00