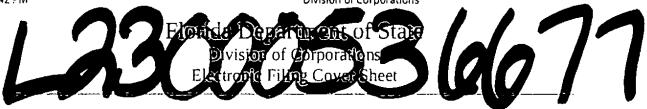
**Division of Corporations** 



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000428169 3)))



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**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

\*\*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 🚉 MY BLUE SKY LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

T. LEMIEUX

Electronic Filing Menu Corporate Filing Menu

Help

#### Fex: 8134365206

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

.√.		
MY BLUE SKY LLC		
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)	
The Articles of Organization for this Limited Liability Company were filed of Florida document number <u>L23000536677</u> .	on 12/04/23	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compa	iny here:	
Freedom Horizon LLC		
The new name must be distinguishable and contain the words "Limited Liability Company,	"the designation "LLC" or the abb	oreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
	'.5'	~ <u>~</u>
(Mailing address MAY BE A POST OFFICE BOX)		لبت
	•••••••••••••••••••••••••	)
B. If amending the registered agent and/or registered office address on	our records, enter the name	of the:new registere
agent and/or the new registered office address here:	,	
Name of New Registered Agent:	,	AH III
New Registered Office Address:	er Florida street address	

### 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.

Cuy

15/2023 12:45:47 PST

To: 18506176383

Page: 3/4

From: Registered Agents Inc.

Fax: 8134365206

# 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
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
		<u> </u>	☐Change
			□Add
			☐ Change
			□Add
			□Remove
		· · · · · · · · · · · · · · · · · · ·	☐ Change
			□Add
			Change
			□Add
			□Remove

Fax: 8134365206

Typed or printed name of signee

Nat Smith