12000252343

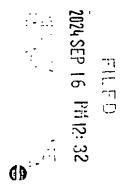
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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July 23, 2024

MARK BOCK 201 S 2ND ST STE 100 FORT PIERCE, FL 34950

SUBJECT: BLUE SKY PROPERTY HOLDINGS, LLC

Ref. Number: L24000252343



We have received your document for BLUE SKY PROPERTY HOLDINGS, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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) 245-6000.

Letter Number: 924A00016193

Rebekah Lefeavers Regulatory Specialist III

COVER LETTER

Registration Section Division of Corporations

TO:

Blue Sky F	Property Holdings, LLC				
30b3EC1.	Name of Lin	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:			
	Mark D. Bock				
		Name of Person			
	Blue Sky Property Holdin	gs, LLC			
		Firm/Company			
	201 S 2nd St., Ste. 100				
		Address			
	Fort Pierce, FL 34950				
	<u> </u>	City/State and Zip Code			
	mbock@remnantconstruction				
	E-mail address: (to be used for future annual report not	ification)		
For further information c	oncerning this matter, please c	all:			
Mark Bock		772 577-5850			
Name o	f Person	at () Area Code Daytin	ne 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 Address Registration 5		<u>Street Address:</u> Registration Sc	ection		
Division of C	Corporations	Division of Co	rporations		
P.O. Box 632 Tallahassee, l		The Centre of			
i ananassee,	ロル コムシキサ	Z4TJ IN. IVIONIC	oe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bue Sky Property Holdings, 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 $\underline{\underline{\hspace{1cm}}}^{June~3,~2024}$ and assigned Florida document number L24000252343 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST_OFFICE BOX) 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: Enter 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.

City

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Manager	Mark D. Bock	156 35th Sq SW	
		Vero Beach, FL 32968	□Remove
			□Change
			□ Add
			□Remove
			□Change
	· · · · · · · · · · · · · · · · · · ·		□ Add
			□Remove
			□Change
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			□Remove
			□ Change

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ective date, if other than th	ie date of filing:		(optional)
effective date is listed, the date in te: If the date inserted in this	aist be specific and cannot be pri block does not meet the appl	or to date of filing or more tha licable statutory filing requ	n 90 days after filing.) Pursuant to 605.0 irements, this date will not be listed
ument's effective date on the			
	ive date, but not an effective	time, at 12:01 a.m. on the	earlier of: (b) The 90th day after
s filed.			
6l 10	2021		
ed September 10	. 2024	·	
	/		

Typed or printed name of signee