M21000009780

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SEGRETARY OF STATE

COVER LETTER .

Divis	sion of Corporations			
SUBJECT:	CAERULEUM DEVELOPMENT L	LC		
oobale.	Name of Forci	gn Limited Li	ability Co	mpany
Dear Sir or N	Madam:			
The enclosed	l application, certificate and fee(s	s) are submitted	d for filing	<u>5</u> .
Please return	all correspondence concerning the	his matter to tl	ne followi	ng:
Glenn Goldbei	rg, Esq.			
	Name of Person			
Goldberg Law	Group, P.A.			
	Firm/Company	<u> </u>		
944 Fourth Str	reet N. Suite 600			
	Address		_	
St. Petersburg,	, FL 33701			
	City/State and Zip Coo	de		
glenn@goldbe	erglaw.us			
E-mail add	dress: (to be used for future annua	il report notific	cation)	
For further in	iformation concerning this matter	r, please call:		
Lori Huddleste	on	at (898-52	200
	Name of Person	Area Co	de & Dayt	ime Telephone Number
Regis Divis P.O.	ng Address: stration Section sion of Corporations Box 6327 hassee, FL 32314		Division The Ce 2415 N	ddress: Pation Section On of Corporations Entre of Tallahassee J. Monroe Street, Suite 810 Assee, FL 32303
Encle ■\$25 Filing		🗆 \$55 Filin	-	□ \$60 Filing Fee,
	Certificate of Status	Certified	Сору	Certificate of Status & Certified Copy

TO: Registration Section

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears	on the records of the Florida Department of
State: CAERULEUM DEVELOPMENT LLC	
Enter new principal office address, if applicable:	
(Principal office address	
MUST BE A STREET ADDRESS)	Se T
	SEP 25 MI 10: 2
Enter new mailing address, if applicable:	
(Mailing address	200 6
<u>MAY BE A POST OFFICE BOX</u>)	20
	<u></u>
2. The Florida document number of this limited liah	bility company is: M21000009780
Dalowara	
	Vana.
4. Date authorized to do business in Florida: 07/29	7/2021
SECTION II (5-9 complete only the applicable c	
5. New name of the limited liability company: Sk	y Blue Development LLC contain "Limited Liability Company, " "L.L.C.," or "LLC.")
(must	contain "Limited Liability Company," "L.L.C.," or "LLC.")
	for the purpose of transacting business in Florida and attach a taging members adopting the alternate name. The alternate name or "LLC.")
6. If amending the registered agent and/or registered registered agent and/or the new registered office ad-	d officer address on our records, enter the name of the new dress here:
Name of New Registered Agent:	*
New Registered Office Address:	
	Enter Florida Street Address
	, Florida City Zip Code
Now Posistand Agent's Counting if shanging Pos	·
the provisions of all statutes relative to the proper c and accept the obligations of my position as registe	t and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar with ared agent as provided for in Chapter 605, F.S. Or, if this in the registered office address, I hereby confirm that the limited
If Ch	nanging Registered Agent, Signature of New Registered Agent

e/ Capacity	<u>Name</u>	Address	Type of Actio
			□Add
			□Remo
			□Remo
			DAdd
			□Reme
			DAdd
			□Reme
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
aforementioned ame	steven Hayes Steven Hayes Steven Hayes	ne official having custody of records in the	□Remo

Filing Fee: \$25.00



State of Belaware

SECRETARY OF STATE DIVISION OF CORPORATIONS P.O. BOX 898 DOVER, DELAWARE 19903

8557992 GOLDBERG LAW GROUP PA 944 4TH STREET N. SUITE 600 SAINT PETERSBURG, FL 33701

09-11-2023

ATTN: GLENN E. GOLDBERG

DESCRIPTION		AMOUNT
6066768 - SKY BLUE DEVELOPMENT LLC		
0240Y Amendment Name		
	Amendment Fee	\$180.00
	Court Municipality Fee, Dover	\$40.00
	TOTAL CHARGES	\$220.00
	TOTAL PAYMENTS	\$220.00
	BALANCE	\$0.00

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

Name of Limited Liability Company: Caeruleum Development LLC

The name of Caeruleum D Sky Blue Development LL	Development LLC shall now be
on, one bevelopment be	
WITNESS WHEDEOF	houndarie od barrana and dei Comico
the 8th day of September, t	he undersigned have executed this Certifica

Name: Steven Hayes

Print or Type

1.