

PO9000028182

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

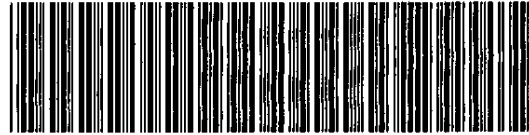
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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07/13/11--01006--029 **52.50

FILED
14 JUL 25 PM 1:13
SECRETARY OF STATE
ALABAMA

Amend.
07-25-11
DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

11 JUL 25 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

July 14, 2011

JOSE TORRES
LLG BLUE SKY, INC.
3360 CAPRI ROAD
PALM BEACH GARDEN, FL 33410

SUBJECT: LLG BLUE SKY, INC.
Ref. Number: P09000028182

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The date of adoption of each amendment must be included in the document.

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) 245-6906.

Darlene Connell
Regulatory Specialist II

Letter Number: 911A00016713

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: LLG BLUE SKY, INC

DOCUMENT NUMBER: P09000028182

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSE TORRES

Name of Contact Person

LLG BLUE SKY, INC

Firm/ Company

3360 CAPRI RD

Address

PALM BEACH GARDEN FL 33410

City/ State and Zip Code

elmaosis@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSE TORRES

Name of Contact Person

at (561)

718-1140

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is enclosed)

☒ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is enclosed)

Mailing Address

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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

LLG BLUE SKY, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P09000028182

(Document Number of Corporation (if known))

FILED
JUL 25 PM 1:13
CLERK OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

3360 CAPRI RD

PALM BEACH GARDEN

FL 33410

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

3360 CAPRI RD

PALM BEACH GARDEN

FL 33410

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

JOSE TORRES

New Registered Office Address:

3360 CAPRI RD

(Florida street address)

Palm Beach Garden

(City)

Florida 33410

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:
(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
VP	JOSE TORRES	3360 CAPRI RD PALM BEACH GARDEN FL 33410	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

The date of each amendment(s) adoption: 07/11/2011
(date of adoption is required)
Effective date if applicable: 07/11/2011
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

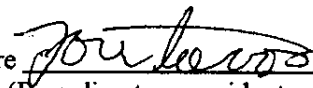
by _____."
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated _____

Signature



(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

JOSE TORRES

(Typed or printed name of person signing)

VP

(Title of person signing)