P130000905//

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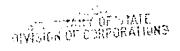
EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: BLUE SKY DOCUMENT NUMBER: P1300009051	SERVICES SW 1	FL, INC.
The enclosed Articles of Amendment and fee are sul		
Please return all correspondence concerning this mat	ter to the following:	
ELIDON GJINOL	LARI	
	Name of Contact Persor	1
BLUE SKY SERV	ICES SW FL, IN	NC.
	Firm/ Company	
25161 KILLDEEF	R DR.	_
	Address	
BONITA SPRING	s, FL 34135 🔠	,
	City/ State and Zip Code	e
asapaccounting@me	e.com	
	ed for future annual report	notification)
For further information concerning this matter, pleas	e call:	
Elidon Gjinollari	at (239	405-2586
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$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		<u>Address</u>
Amendment Section		Iment Section
Division of Corporations P.O. Box 6327		on of Corporations Building
Tallahassee, FL 32314		Executive Center Circle
	Tallahe	18800 FL 32301

Articles of Amendment to Articles of Incorporation of



14 AUG 29 PH 3: 41

BLUE SKY SERVICES SW FL, INC.	11	
(Name of Corporation as currently filed with the Flo	orida Dept. of State)	
P13000090511		
(Document Number of Corporation (if	known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporation." Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name must contain the	
B. Enter new principal office address, if applicable:	25161 KILLDEER DR	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	BONITA SPRING, FL 34135	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	25161 KILLDEER DR	
(Stuting duttess MAY BE A FOST OFFICE BOX)	BONITA SPRING, FL 34135	
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ess in Florida, enter the name of the	
Name of New Registered Agent ELIDON GJINOL	LARI	
25161 KILLDEE	R DR	
(Florida stre		
New Registered Office Address: BONITA SPRING	34135 Florida	
(Ciry)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with the signature of Ney Registered Agent. Signature of Ney Registered Agent.		

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)

Please note the officer-director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	Р	BARDHOSH GJINOLLARI	11652 SAUNDERS AVE
Add			BONITA SPRING, FL 34135
Remove			
2) Change	Р	ELIDON GJINOLLARI	11652 SAUNDERS AVE
✓ ∧dd			BONITA SPRING, FL 34135
Remove			
3) Change	VP	ELIDON GJINOLLARI	11652 SAUNDERS AVE
Add			BONITA SPRING, FL 34135
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional Arti- ttach additional sheets, if necessary).	(Be specific)
, , , , , , , , , , , , , , , , , , ,	
an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:

The date of each amendment(s) adoption: AUGUST 1, 2014 . if other than the 14 AUG 29 PM 3: 41 date this document was signed. **AUGUST 1, 2014** Effective date if applicable: (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 east 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 east for the amendment(s) was/were sufficient for approval (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_08/01/2014 Como llai (By a director, president or The 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) ELIDON GJINOLLARI (Typed or printed name of person signing) PRESIDENT (Title of person signing)