## ·P1900013416

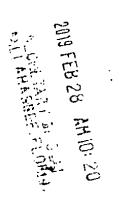
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| PICK-UP                 | ☐ WAIT               | MAIL           |
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| Certified Copies        | _ Certificates       | of Status      |
|                         |                      |                |
| Special Instructions to | Filing Officer:      |                |
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## **COVER LETTER**

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|   |                                    | <u>COVER LETTER</u>           |                               | 12 B        |
| TO: Amendment See   |                                    |                               |                               | 10 CO       |
| Division of Cor   | porations                          |                               |                               | Tig Tig     |
| NAME OF CORR  | DRATION: BLUE SKY 72, IN           | NC                            |                               | Misch 20 th |
| NAME OF CORPC   |                                    |                               |                               | 977         |
| DOCUMENT NUM  | fBER: P19000013416                 |                               | <del></del>                   | <b>V</b>    |
| The enclosed Article  | s of Amendment and fee are su      | bmitted for filing.           |                               |             |
| Please return all corr  | espondence concerning this ma      | tter to the following:        |                               |             |
|   | ROSA ESTELA MORALES                |                               | _                             |             |
|   |                                    | Name of Contact Persor        | 1                             | •           |
|   | AXIOM ACCOUNTING, P.               | 4                             |                               |             |
|   | -                                  | Firm/ Company                 |                               | •           |
|   | 4951 TAMIAMI TRAIL NO              | RTH SUITE 103                 |                               |             |
|   |                                    | Address                       | <del></del>                   |             |
|   | NAPLES FL 34103                    |                               |                               |             |
|   |                                    | City/ State and Zip Code      | <del></del>                   |             |
|   |                                    | •                             |                               |             |
| este  | lamorales07@comcast.net            |                               |                               |             |
|   | E-mail address: (to be us          | sed for future annual report  | notification)                 |             |
|   |                                    |                               |                               |             |
| For further informati   | on concerning this matter, please  | se call:                      |                               |             |
| DOCA POTEL A MA   |                                    | 220255012                     | ,                             |             |
| ROSA ESTELA MO  | ·                                  | at (at (                      | _)                            |             |
| Name  | e of Contact Person                | Area Co                       | de & Daytime Telephone Numbe  | r           |
| Enclosed is a check   | for the following amount made      | payable to the Florida Depa   | urtment of State:             |             |
| S35 Filing Fee  | □\$43.75 Filing Fee &              | □\$43.75 Filing Fee &         | □\$52.50 Filing Fee           |             |
|   | Certificate of Status              | Certified Copy                | Certificate of Status         |             |
|   |                                    | (Additional copy is enclosed) | Certified Copy                |             |
|   |                                    | enciosed)                     | (Additional Copy is enclosed) |             |
|   | 71                                 | <b>a</b> .                    | ŕ                             |             |
|   | ailing Address<br>nendment Section |                               | Address<br>ment Section       |             |
| Amendment Section Amendment Section Division of Corporations Division of Corporations |                                    |                               |                               |             |
| P.6   | P.O. Box 6327 Clifton Building     |                               |                               |             |
| Ta  | llahassee, FL 32314                | 2661 E                        | xecutive Center Circle        |             |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

| ·   | <i>n</i>                                    |                  |
|---|---|------------------|
| BLUE SKY 72, INC  |   |                  |
| (Name of Corporation as curren  | tly filed with the Florida Dept. of State)  | 187              |
| P19000013416  |   | i je<br>Lipanje  |
| (Document Number  | of Corporation (if known)                   |                  |
| Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:  | s Florida Profit Corporation adopts the fol | llowing amendme  |
| A. If amending name, enter the new name of the corporation:   |   |                  |
| N/A   |   | The new          |
| name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation | "Co". A professional corporation name       | the abbreviation |
| B. Enter new principal office address, if applicable:   | N/A   |                  |
| (Principal office address MUST BE A STREET ADDRESS)   |   |                  |
|   |   |                  |
|   |   |                  |
| C. Enter new mailing address, if applicable:  |   |                  |
| (Mailing address MAY BE A POST OFFICE BOX)  |   |                  |
|   |   |                  |
|   |   |                  |
|   |   | <del></del>      |
| D. If amending the registered agent and/or registered office ad   | dress in Florida, enter the name of the     |                  |
| new registered agent and/or the new registered office addre   | <u>ss:</u>                                  |                  |
| Name of New Registered Agent  |   |                  |
|   |   |                  |
| (Florida s  | street address)                             |                  |
| New Registered Office Address:  | , Florida                                   |                  |
|   | (City)                                      | (Zip Code)       |
|   |   |                  |
| New Designated Agent's Company of their in Designation  |   |                  |
| New Registered Agent's Signature, if changing Registered Ager<br>I hereby accept the appointment as registered agent. I am familian   |   | ition.           |
| · · · · · · · · · · · · · · · · · · ·   |   |                  |

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, a 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 = Chi Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each officeld. 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 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) | Title     | <u>Name</u>            | Address                |
| 1)Change                   | VP        | PERNIA RUIZ, GERHSON J | 7129 CHANTUM LIGHT RUN |
| Add                        |           |                        | BRANDENTON, FL 34212   |
| X Remove                   |           |                        |                        |
| 2) Change                  |           |                        |                        |
| Add                        |           |                        |                        |
| Remove                     |           |                        |                        |
| 3 ) Change                 |           |                        |                        |
| Add                        |           |                        |                        |
| Remove                     |           |                        |                        |
| 4) Change                  |           |                        |                        |
| Add                        |           |                        |                        |
| Remove                     |           |                        |                        |
| 5) Change                  |           |                        |                        |
| Add                        |           |                        |                        |
| Remove                     |           |                        |                        |
|                            |           |                        |                        |
| 6) Change                  |           |                        |                        |
| Add                        |           |                        |                        |
| Remove                     |           |                        |                        |

| E. If amending or adding additional Arti<br>(Attach additional sheets, if necessary). | (Be specific)        | <u></u>        |               |              |                                       |
|---|----------------------|----------------|---------------|--------------|---------------------------------------|
| N/A   |                      |                |               |              |                                       |
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| . If an amendment provides for an exch  | onas veolossificacio | 11 - 42        |               |              |                                       |
| provisions for implementing the amer  | idment if not conta  | n, or cancenau | ndment itself | nares,       |                                       |
| (if not applicable, indicate N/A)   |                      |                |               | <del>-</del> |                                       |
| NA  |                      |                |               |              |                                       |
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| The date of each amendment(s) adoption   | 00:   | , if other than                 |
|--|---|---------------------------------|
| date this document was signed.   |   |                                 |
| Effective date <u>if applicable</u> :  |   |                                 |
|  | (no more than 90 days after amendment file date)  |                                 |
| Note: If the date inserted in this block of document's effective date on the Departm | does not meet the applicable statutory filing requirements, the ent of State's records.                                   | is date will not be listed as t |
| Adoption of Amendment(s)   | ( <u>CHECK ONE</u> )  |                                 |
| ☐ The amendment(s) was/were adopted by the shareholders was/were sufficient          | by the shareholders. The number of votes east for the amendment for approval.   | ent(s)                          |
| ☐ The amendment(s) was/were approved must be separately provided for each            | by the shareholders through voting groups. The following stavoting group entitled to vote separately on the amendment(s): | tement                          |
| "The number of votes cast for the  | e amendment(s) was/were sufficient for approval   |                                 |
| by   |   |                                 |
|  | (voting group)  |                                 |
| ☐ The amendment(s) was/were adopted be action was not required.                      | by the board of directors without shareholder action and shareh   | older                           |
| The amendment(s) was/were adopted by action was not required.                        | by the incorporators without shareholder action and shareholde  | r                               |
| Dated * _ 02/  | 23/2019.  |                                 |
| Signature X (By a director   | r, president or other officer – if directors or officers have not be  |                                 |
| selected, by a   | in incorporator – if in the hands of a receiver, trustee, or other  | court                           |
| appointed fid  | uciary by that fiduciary)   |                                 |
| NIVI   | A BRACHO  |                                 |
| <del></del>  | (Typed or printed name of person signing)   | <del></del>                     |
| PRES   | SIDENT  |                                 |
|  | (Title of person signing)   |                                 |