## P23 0000 12662

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## **COVER LETTER**

TO: Amendment Section Division of Corporations Bluesky Great Services Inc DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for tiling. Please return all correspondence concerning this matter to the following: FInderson Costa Name of Contact Person Bluesky Great Services Inc 7321 Copenhagen Dr Panama City, F1 32464

City/ State and Zip Code SERVICES BLUESKY INC @ gmail. (Om E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call at ( 850 ) 716 - 4590 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department 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 Certified Copy enclosed) (Additional Copy is enclosed) Street Address Mailing Address

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

Sky Great Services Inc
(Name of Corporation as currently filed with the Florida Dept. of State) P 23000012682 (Document Number of Corporation (if known) 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: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain "chartered," "professional association," or the abbreviation "P.A. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 (Florida street address) New Registered Office Address: 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

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

X Change	PT John Do	<u>oe</u>	
X Remove	<u>V</u> <u>Mike Jo</u>	ones .	
X Add	SV Sally St	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	Spervisor	Alex Pena	7134 DEACH KOOD BIND, PANDMD CITY GEOC
_X Add			BIND, PAND MD CITY GEOG
Remove			FL 3270+
2) Change			
Add			
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	adding additional A il sheets, if necessary	). (Be specific	)			
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<u>f an amendme</u>	nt provides for an eminiplementing the a	xchange, reclass	ification, or car	ncellation of iss	ued shares.	
<u>provisions for</u>	implementing the a	mendment if no	<u>t contained in t</u>	he amendment	itself:	
(if not app	icable, indicate N/A)					
			<del></del>			
					: <del></del> .	

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The date of each amendment(s) ac	loption:	, if other than the
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 bedocument's effective date on the De	lock does not meet the applicable statutory filing requirement partment of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
★ The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareho	older action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes east for the am flicient for approval.	endment(s)
	roved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendmen	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
hy		
	(voting group)	
selected	rector, president or other officer – if directors or officers have d, by an incorporator – if in the hands of a receiver, trustee, or ed fiduciary by that fiduciary)	
	Hinderson Costa	
	(Typed or printed name of person signing)	
	President (Title of person signing)	
	(Title of person signing)	