

L17000097735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000299040340

05/15/17--01014--025 **25.00

FILED
17 MAY 15 PM 4: 32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

MAY 16 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

Bay914S, LLC, a Florida limited liability company

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marc D. Kleiner

Name of Person

Kleiner Law Group

Firm/Company

2999 NE 191 Street, Suite 402

Address

Aventura, FL 33180

City/State and Zip Code _____

mkleiner@kleinerlawgroup.com

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

For further information concerning this matter, please call:

Marc Kleiner

305 517-1392
at () _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Bay914S, LLC, a Florida limited liability company

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on May 2, 2017 and assigned
Florida document number L17000097735.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida

City

Zip Code

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. ~~Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.~~

If Changing Registered Agent, Signature of New Registered Agent

FILED
MAY 15 PM 3:32
CLERK OF STATE
TALLAHASSEE, FLORIDA

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Veronique Bal	1500 Bay Road, Suite 914S	<input checked="" type="checkbox"/> Add
		Miami Beach, FL 33139	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Marc De Cock	1500 Bay Road, Suite 914S	<input type="checkbox"/> Add
		Miami Beach, FL 33139	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Frederik Snauwaert	1500 Bay Road, Suite 914S	<input type="checkbox"/> Add
		Miami Beach, FL 33139	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 MAY 15 2012
 4:32 PM
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated MAY 10, 2017

May 10
Signature of a

Marc D. Kleiner, Registered Agent

Typed or printed name of signee

FILED
17 MAY 15 PM 4:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA