118000239175

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	= #)
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(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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COVER LETTER

Registration Section Division of Corporations

MAILING ADDRESS:

Registration Section
Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO:

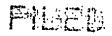
SUBJECT:	FIRM, LLC Name of Limit	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ASHLEY BROUSSARD		
		Name of Person	
	BAY LAW FIRM, LLC		
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	7138 PELICAN ISLAND	DRIVE	
		Address	
	TAMPA, FL33634		
	ASHLEY@BAYLAWFIRM	City/State and Zip Code A.COM	
	E-mail address: (to be used for future annual report notific	cation)
For further information of	concerning this matter, please ca	all:	
ASHLEY BROUSSAR)	407 621-1519 at ()	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25,00 Filing Fcc	□ \$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)
			faorinous coby is enclose

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 -

BAY LAW FIRM, LLC



(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 1299 APR 30 A II: \$8 The Articles of Organization for this Limited Liability Company were filed on OCTOBER 9, 2018 and assigned Florida document number <u>L.18000239175</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: BAY LAW FIRM, PLLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 nev registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

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>	Name	<u>Address</u>	Type of Action
<u>-</u>			□ Add
			□ Ветюче
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			□ Remove
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	Company for the practice of	law		<u>-</u>
				
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fective date, if other than the an effective date is listed, the date must	date of filing:	to date of filing or more than	(optional) 190 days after filing.) Pursuant	to 605,020
ote: If the date inserted in this blo	ock does not meet the applica	ible statutory filing requi	rements, this date will not b	e listed a
cument's effective date on the De	partition of State's records.			
record specifies a delayed	effective date but no	t an effective time	at 12:01 a.m. on the	earlier c
The 90th day after the reco		. a		
	-0.40			
APRII. 24	. 2019	·		
	,			
Ch.a.	Signature of a member or author			

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

Page 3 of 3

Filing Fee: \$25.00