Division of Corporations
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To:

Division of Corporations

Fax Number

: (850)617-6383

NOV 2 8 2012 L. SELLERS

From:

Account Name : FOWLER WHITE BURNETT P.A.

Account Number : 071250001512 Phone : (305)789-9200 Fax Number : (305)789-9201

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: ESAICEADE TOWICK-White. Con

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DELTA BAY INVESTMENTS, LLC

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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

DELTA BAY INVESTMENTS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and foo(s) are submitted for filling,

Please return all correspondence concerning this matter to the following:

JEANNE FUENTES LOPEZ

Name of Person

FOWLER WHITE BURNETT, P.A.

Firm/Company

1395 BRICKELL AVENUE, 14TH FL

Address

MIAMI, FLORIDA 33131

City/State and Zip Code

ESALCEDO@FOWLER-WHITE.COM

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

For further information concerning this matter, please call:

JEANNE FUENTES LOPEZ __3

,305,789-9269

Name of Parson

Arca 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/COURTER ADDRESS:
Registration Section
Division of Corporations
Cliffon Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DELTA BAY INVESTMENTS LLC (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 12/15/2003 and assigned Florida document number L03000052719 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited Hability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation 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 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 Amply with the provisions of all statutes relative to the proper and complete performance of my duties, and l'amfamilian with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this adcument is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited limbility 📆 company has been notified in writing of this change.

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGRM = Managing Member			
Title	Name	<u>Address</u>	Type of Action
MGR	ALFREDO PATRONE	5805 BLUE LAGOON DRIVE, SUITE 220	Add
,		MIAMI, FLORIDA 33126	Remove
MGR	ARTEMIS GROUP, INC.	5805 BLUE LAGOON DRIVE, SUITE 220	Auld
		MIAMI, FLORIDA 33126	Remove
			Remove
			—
			☐ Add
			Add Remove
		Z ca C co	12 N
		HAME TO CO.	12 NOV 27 Add Rembve
		97 - 98 - 98 - 98 - 98 - 98 - 98 - 98 -	Remove

D. If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
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_,	
Dated NO	VEMBER 15 201/2 (
·	
	Signature of a member or audiorized representative of a member
	JEANNE FUENTES LOPEZ
	Types of printed harne of signee

Page 3 of 3

Filing Fee: \$25.00