

**A23000000450**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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H230003142183#BCY

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : MAYNARD NEXSEN PC  
Account Number : I20220000140  
Phone : (407)647-2777  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: bmills@maynardnexsen.com

**LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION  
BAYSIDE LANDINGS, LP**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$52.50

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H23000314218 3

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Bayside Landings, LP

\_\_\_\_\_  
Name of Florida Limited Partnership or Limited Liability Limited Partnership

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

Please return all correspondence concerning this matter to:

Brian A. Mills, Esquire

\_\_\_\_\_  
Contact Person

Maynard Nexsen PC Corporation

\_\_\_\_\_  
Firm/Company

200 East New England Avenue, Suite 300

\_\_\_\_\_  
Address

Winter Park, Florida 32789

\_\_\_\_\_  
City, State and Zip Code

bnmills@maynardnexsen.com

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

For further information concerning this matter, please call:

Brian A. Mills, Esq

at ( 407 ) 647-2777

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee

☐ \$61.25 Filing Fee  
and Certificate of  
Status

☐ \$105.00 Filing Fee  
and Certified Copy

☐ \$113.75 Filing Fee,  
Certified Copy, and  
Certificate of Status

**Mailing Address:**

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

**Street Address:**

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

H23000314218 3



H23000314218 3

**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.*

\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

**D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>GP</u>	<u>Condev Bayside II, LLC</u>	<u>921 N. Pennsylvania Ave.,</u> <u>Winter Park, FL 32790</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>GP</u>	<u>Condev Bayside I, LLC</u>	<u>921 N. Pennsylvania Ave.,</u> <u>Winter Park, FL 32789</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

**E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:**

- ☐ This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."
- ☐ This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

**(NOTE: If adding or removing "limited liability limited partnership" status, all general partners must sign this amendment.)**

H23000314218 3

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

Effective date, if other than the date of filing: \_\_\_\_\_

*(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)*

**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.

**Signature(s) of a general partner or all general partners\*:**

(\*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)

Christohper Gardner

Christohper Gardner

**Signature(s) of all new or dissociating general partner(s), if any:**

Christohper Gardner

Christohper Gardner

Filing Fee: \$52.50  
 Certified Copy (optional): \$52.50  
 Certificate of Status (optional): \$8.75

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