

L01000005766

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

DEC 9 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VISTA BAY POINT, L.L.C.
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:

CAROL McCLOSKEY
Name of Person

VISTA BAY POINT, L.L.C.
Firm/Company

79 SUGAR MILL DRIVE
Address

OSPREY, FLORIDA 34229
City/State and Zip Code

CAROLK200@MSN.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CAROL McCLOSKEY at ²⁶⁹(941) 330 0146
Name of Person 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**

VISTA BAY POINT, L.L.C.

(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 April 12, 2001 and assigned
Florida document number L01000005766.

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 end with 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)

79 SUGAR MILL DRIVE

OSPREY, FLORIDA 34229

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

79 SUGAR MILL DRIVE

OSPREY, FLORIDA 34229

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:

CAROL McCLOSKEY

New Registered Office Address:

79 SUGAR MILL DRIVE

Enter Florida street address

OSPREY

City

Florida

34229

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 608, 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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE, FLORIDA

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:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JAMES E. BRIDGES	128 GOLDEN GATE POINT, #1001 SARASOTA, FLORIDA 34236	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	CAROL McCLOSKEY	79 SUGAR MILL DRIVE OSPREY, FLORIDA 34229	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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 TALLAHASSEE, FLORIDA

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

Dated _____

Carol McCloskey

Signature of a member or authorized representative of a member

CAROL McCLOSKEY

Typed or printed name of signee