

LO1000005766

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

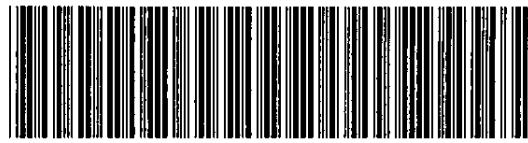
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS  
JUL 25 2012  
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:

James E Bridges

Name of Person

Vista Bay Point L.L.C

Firm/Company

128 Golden Gate Point #1001

Address

Saraasota FL 34236

City/State and Zip Code

jamesbridges@verizon.net

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

For further information concerning this matter, please call:

Kathy Smith

at 941

363-0323

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

FILED

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Vista Bay Point L.L.C.

SECRETARY OF STATE

(Name of the Limited Liability Company as it now appears on our records) KNOXVILLE, TENNESSEE, FLORIDA  
(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: 128 Golden Gate Point, #1001  
(Principal office address MUST BE A STREET ADDRESS) Sarasota Florida 34236

Enter new mailing address, if applicable: 128 Golden Gate Point #1001  
(Mailing address MAY BE A POST OFFICE BOX) Sarasota Florida 34236

**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: James E Bridges  
New Registered Office Address: 128 Golden Gate Point #1001  
*Enter Florida street address*  
Sarasota Florida 34236  
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 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.*

*James E Bridges*  
If Changing Registered Agent, Signature of New Registered Agent

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:

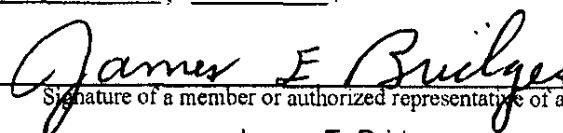
MGR = Manager

MGRM = Managing Member

| <u>Title</u> | <u>Name</u>      | <u>Address</u>   | <u>Type of Action</u>  |
|--------------|------------------|--|--|
| MGR          | Carol McCloskey  | 79 Sugar Mill Dr<br>Osprey Florida 34229               | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGR          | James E. Bridges | 128 Golden Gate Point # 1001<br>Sarasota Florida 34236 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |                  |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                  |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                  |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                  |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

Dated \_\_\_\_\_

  
Signature of a member or authorized representative of a member

James E. Bridges  
Typed or printed name of signee

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SPECIAL AGENT OF STATE  
TENNESSEE, FLORIDA

FILED