L020000/4484

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EXAMINER

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2008 SEP 22 P 2: 19

SECRETARY OF STATE
FALLAHASSEE OF STATE

COVER LETTER

TO:	Registration S Division of Co					
SUBJI	ECT: BAY-G	ULF PARTNERS,LL	.C			•
			ited Liability Company)			***
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please	return all correspondent	ondence concerning this matter	to the following:			
		CHRISTOPHER T. DYS	SON			
			(Name of Person)		-	
			(Firm/Company)		-	
					TAI	
		P. O. BOX 62232	/Add>		2008 SEP 22 SECRETARY LLAHASSE	
			(Address)		ETAR HASS	
		FORT MYERS, FL 3390	6-2232			
			(City/State and Zip Code)	····	70,70	
For fur	ther information of	concerning this matter, please c	all:		2: 19 STATE LORIDA	
CHRIS	STOPHER T. D	YSON	at (727) 249-9379			
	(Name	of Person)	(Area Code & Daytime	Telephone Numb	er)	
Enclose	ed is a check for t	he following amount:				
☑ \$25	.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &	
•	Registr Divisio P.O. B	AING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIED Registration Section Division of Corporati Clifton Building 2661 Executive Center Tallahassee, FL 3230	ions er Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BAY-GULF PARTNERS LLC					
(Name of the Limited	Liability Company as it now appears of Florida Limited Liability Company)	on our records.)			
The Articles of Organization for this Limited L	ability Company were filed on JULY	1,2002	and assigned		
Florida document number L02000014484	·				
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name o	f the limited liability company here:	SEI TALI	200		
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability Company	," the designation PLC	For the abureviation		
Enter new principal offices address, if applic	able:		22		
(Principal office address MUST BE A STREE	T ADDRESS)	——————————————————————————————————————	T C		
		ORIE	?:		
		¥,	_		
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>				
B. If amending the registered agent and/or the new registered of		r records, enter the	name of the new		
Name of New Registered Agent:	CHRISTOPHER T. DYSON				
New Registered Office Address:					
	(Enter Florida street address) , Florida				
	(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.

(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 of Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	THOMAS M.DYSON	7985 TIGER PALM WAY FORT MYERS, FL 33966	Add Remove
MGRM_	CHRISTOPHER T. DYSON	7985 TIGER PALM WAY FORT MYERS, FL 33966	Add Remove
			Add Remove
			Add Remove
		TALLAHASS	SE 9
D. If amend	ding any other information, enter ch	nange(s) here: (Attach additional sheets, if necessary)	
Dated SEPT	EMBER 17	008	
	Signature of a me	mber or authorized representative of a member	
	THOMAS M.DYSON	yped or printed name of signee	

4.5

Page 2 of 2

Filing Fee: \$25.00