

L02 0000018782

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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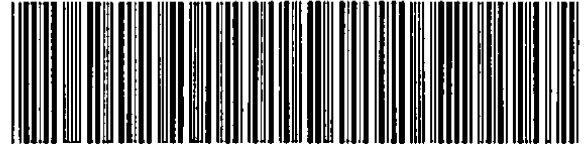
(Business Entity Name)

(Document Number)

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FILED
2019 AUG 19 P 1:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 23 2019

T. LEBLANC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pensacola Bay Realty, LLC

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:

Bryce Burch

Name of Person

Pensacola Bay Realty, LLC

Firm/Company

201 East Government St

Address

Pensacola, FL 32502

City/State and Zip Code

pensacolarealtygroup@gmail.com

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

For further information concerning this matter, please call:

Bryce Burch

850

202-8647

at (_____) _____

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

Pensacola Bay Realty, LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 7/24/2002

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Florida document number L02000018782

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 contain 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)

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:

Bryce Burch

New Registered Office Address:

201 East Government St

Enter Florida street address

Pensacola

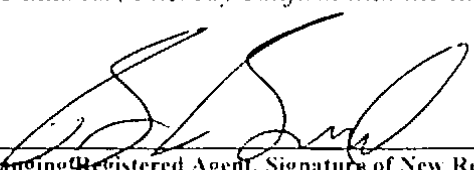
City

Florida 32502

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Bernie Mostoller	201 East Government St, Ste 8	<input type="checkbox"/> Add
		Pensacola, FL 32502	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Bryce Burch	201 East Government St	<input checked="" type="checkbox"/> Add
		Pensacola, FL 32502	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Ambr	Bryce Burch	201 E Government St	<input type="checkbox"/> Add
		Pensacola, FL 32502	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

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.

Dated August 15 2019

Signature of a member or authorized agent

Bryce Burch

Typed or printed name of signee