LOZOCOPOL

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
FEB 2 9 2012				
L SELLERS				

Office Use Only



600223111816

02/28/12--01017--015 **25.00-

SECRETARY OF STATE

2 FEB 28 PH & O

COVER LETTER

TO:

Registration Section

Division of Corporations

P.O. Box 6327 Taliahassee, FL 32314

Division of Co	rporations					
SUBJECT:	Banar	a Bay I, LLC				
		ted Liability Company				
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
		Jana Hamilton				
		Name of Person				
		Banana Bay I, LLC				
		Firm/Company				
		PO Box 511315				
		Address				
	Po	ınta Gorda, FL 33951				
	City/State and Zip Code					
	janahamilton@aol.com E-mail address: (to be used for future annual report notification)					
For further information	concerning this matter, please o	•	,			
	ana Hamilton	at (_941)	345-7080			
Name	of Person	Area Code & Daytin	ne Telephone Number			
Enclosed is a check for	the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	LING ADDRESS:	STREET/COUR	HER ADDRESS:			

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Banana Bay I, LLC		
(Name of the Limite	d Liability Company as it now appea A Florida Limited Liability Company)	rs on our records.)	
,	, , ,		
The Articles of Organization for this Limited I	Liability Company were filed on	10/31/2002	and assigned
Florida document number L0200002	9026		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability company he	re:	
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Comp	any," the designation "	LLC" or the abbreviation
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
	<u></u> -		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	E BOX)		
B. If amending the registered agent and		our records, <u>enter</u>	the name of the new
registered agent and/or the new registered of	office address here:		
None of None Beating of Asset	Russell R. Mellinger		
Name of New Registered Agent:	Nussell N. Mellingel		**
New Registered Office Address:	4025 Cattlemen Rd. #177		
	Er	iter Florida street add	dress
	Sarasota, FL 34233	, Florida	34233
	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 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 = M	Ianaging Member		
<u>Title</u>	Name	Address	Type of Action
MGRM	Russell R. Mellinger	4025 Cattlemen Rd. #177 Sarasota, FL 34233	Add Remove
MGRM	Michael D. Hamilton	PO Box 511315 Punta Gorda, FL 33951	✓ Add ☐ Remove
			Add Remove
•			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, ente	r change(s) here: (Attach additional sheets, if necesso	ary.)
_			12 FEB
_			28 PI
Dated	February 22 ,	sell K. Mellinen	STATE FLORIDA
	Signature of a	member or authorized representative of a member Russell R. Mellinger	_
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00