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#### **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT:

Bay Drive Properties, 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:

## Denise Ben-David

Name of Person

# WNF Corporate Services, LLC

Firm/Company

1111 Brickell Ave., Suite 2200

Address

Miami, FL 33131

City/State and Zip Code

searches@wnflaw.com

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

For further information concerning this matter, please call:

Denise Ben-David

<sub>...</sub>,305、760-8500

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

Bay Drive Properties, L.L.C.		
(Name of the Limited Liabil (A Floric	lity Company as it now appears on ou da Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability of Florida document number <u>L03000040020</u>	Company were filed on Octobe	er 17, 2003 and assigned
This amendment is submitted to amend the following:	(	
A. If amending name, <u>enter the new name of the lin</u>	nited liability company here:	
The new name must be distinguishable and end with the words "L	imited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
		- 14 A A A A A A A A A A A A A A A A A A
		三四四
Enter new mailing address, if applicable:		级 2 二
(Mailing address MAY BE A POST OFFICE BOX)		
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		55 2
B. If amending the registered agent and/or regi registered agent and/or the new registered office add		records, enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et 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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Victor Navarrete	7717 Byron Avenue	<b>=</b> Add
		Miami Beach, Fl 33141	□ Remove
			Remove
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	pursuant	to the S	Statemer	it of Au	thority		-1;-	
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The effect	e thate, if other i	cific, canaga be	e prior tò date	of receipt or	filed date and	cannot be more.	(optior than 90 days aft	
	Dctober 7	oy the Florida	Partment	2014	<b>4</b> ·	•	· 6	•. •.
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Page 3 of 3

Filing Fee: \$25.00