L04000018993

(Re	questor's Name)	-
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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SECRETARY OF STATE

AUG 18 2015

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COVER LETTER

Div	ision of Corp	oorations		
SUBJECT:	Residential 1	Holdings, LLC		
30202011		Name of Limi	ted Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return	all correspor	ndence concerning this matter t	to the following:	
		David Seidenberg		
			Name of Person	
		Bayfair Holdings, LLC		
			Firm/Company	
		1318 West Swann Avenue		
			Address	
		Tampa, FL 33606-2531		
		·	City/State and Zip Code	
		dseidenberg@bayfair.com		
		E-mail address: (t	o be used for future annual report notif	ication)
For further in	nformation co	ncerning this matter, please ca	II:	
David Seide	enberg		813 875-3800 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for the	e following amount:		
■ \$25.00 F	iling 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:

TO:

Registration Section

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

RESIDENTIAL HOLDINGS, LLC		
(Name of the Limited	Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia clorida document number L04000018993	bility Company were filed on MARCH 10, 2004	and assigned
his amendment is submitted to amend the follow		
If amending name, enter the new name of	the limited liability company here:	
BAYFAIR HOLDINGS, LLC		
he new name must be distinguishable and contain the wo	rds "Limited Liability Company." the designation "LLC" or the	abbreviation "L.L.C."
inter new principal offices address, if applica	ble:	
Principal office address MUST BE A STREET		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		
Inter new mailing address, if applicable:		
<u>Mailing address MAY BE A POST OFFICE B</u>	<u></u>	
0 0 0	r registered office address on our records, ente	r the name of the
egistered agent and/or the new registered off	<u>ice address here</u> :	
Name of New Registered Agent:		
Name Danistana d Office Address		
New Registered Office Address:	Enter Florida street address	
	, Florida _	Zip Code
	CHV	LID COAE

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
Page 1 of 3

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>	Address	Type of Action
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			Change
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reco	Augus	Signature	$\frac{2015}{2015}$, $\frac{2015}{2015}$	name of signee	member CX	2815 AUG 17 P 2: