10400030963

(Re	questor's Name)	
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COVER LETTER

то:	Registration Sec Division of Corp			
·	Investme	nt Solution Group, LLC	;	
SUBJE	UI:	Name of Limi	ited Liability Company	
		Amendment and fee(s) are substance concerning this matter	<u>-</u>	
		Kevin lurato, Esq.		
			Name of Person	
		lurato Law Firm, PL		
			Firm/Company	
	•	10012 N. Dale Mabr	y Highway, Suite 203	
	-		Address	
		Tampa, FL 33618		
			City/State and Zip Code	4-14-14-14-1
		kevin@iuratolawfirm.	com to be used for future annual report notific	
For furt	her information co	oncerning this matter, please ca	•	ланди)
Kevin	lurato		813 898-2818	
	Name of	*Person	at () Area Code Daytime	Telephone Number
Enclose	d is a check for th	e 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

Investment Solution Group, LLC		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our record Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company Florida document number <u>L04000030963</u>	were filed on 04/22/2004	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Bahia Property Management LLC		
The new name must be distinguishable and end with the words "Limited Liab	pility Company," the designation "LL	C" 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 of registered agent and/or the new registered office address here. Name of New Registered Agent:	ffice address on our records	14 DEC 30 Arthe new STATE SECRETARY STATE STATE on the major of the new state of the new st
New Registered Office Address:		
	Enter Florida street addres	S
		orida Zip Code
	City	гир Соле
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete	ee to act in this capacity. I fu performance of my duties, an	rther agree to comply with the nd I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = A	authorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Add
			☐ Remove
			E 0
			-
			☐ Remove
		4.4	□ Add
			☐ Remove
			Add
			Remove
			Add
			□ Remove

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Fective date, if other than the effective date must be specific, or educe this document is filed by the	annot be prior to date of receipt or filed date and cannot be	(optional) more than 90 days after
ated DECEMBER	18 . 2014 .	
	Signature of a member or authorized representative of	of a member

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Filing Fee: \$25.00

SECRETARY OF STATE ALLAHASSEE, FLORIBA