## L04000082194

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Δο	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
,		

Office Use Only



400155740114

05/11/09--01018--006 \*\*25.00

ZOOO MAY II PM 12: 33
SECRETARY OF STATE
AND AND ASSEE, FLORIDA

T. CLINE

MAY 1 2 2009

**EXAMINER** 

## **COVER LETTER**

Division of Corpo	rations				
SUBJECT: BAY A	REA DEVELOPM	ENT & CONSTRU	CTION, LLC		
	Name of Limi	ted Liability Company			
The enclosed Articles of An	nendment and fee(s) are sub	mitted for filing.			
Please return all correspond	ence concerning this matter	to the following:			
		DEBBY ROBINSON			
	Name of Person				
	THORNTON & TORRENCE, P.A.				
	Firm/Company				
	6709 RIDGE ROAD, SUITE 106				
	Address			런. 말	
				155 B	
	PORT RICHEY, FLORIDA 34668			全部 萎	1
	City/State and Zip Code			TAS I	T
	DEBBYR@THORNTONTORRENCE.COM			SES -	r
	E-mail address: (	to be used for future annual repo	rt notification)	THE 3	W. N.
For further information con-	cerning this matter, please c	all:		2009 MAY I I PM 12: 33 SECRETARY OF STATE TALLAHASSEE, FLORID	****
DEDDY	DORINGON	707	045 6004	Om W	
Name of P	ROBINSON	at (at (	845-6224 Daytime Telephone Number		
Name of 1	CISOII	Aiça Code a	Daytime reteptione realities	'	
Enclosed is a check for the	following amount:				
<b>▼</b> \$25.00 Filing Fee	\$30,00 Filing Fee &	\$55.00 Filing Fee &	\$60.00 Fil	•	
	Certificate of Status	Certified Copy (additional copy is en		ite of Status &	
		(additional copy is cit		nal 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**

## BAY AREA DEVELOPMENT & CONSTRUCTION, 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 Liabili	ity Company v	vere filed on	11/12/2004	and assigned	ł
Florida document numberL0400082194					
This amendment is submitted to amend the followin	ng:				
A. If amending name, enter the new name of the	e limited liabil	ity company here	<b>:</b>		
The new name must be distinguishable and end with the "L.L.C."	e words "Limite	d Liability Compar	ny," the designation "L	LC" or the abbrev	 /iation
Enter new principal offices address, if applicable	e:	6709 RIDGE I	ROAD, SUITE 11	7 SE 2005	
(Principal office address MUST BE A STREET ADDRESS)		PORT RICHE	Y, FLORIDA 346	36E ₹	17
				ASA -	
				~ o → o → o → o → o → o → o → o → o → o	M
Enter new mailing address, if applicable:				PH S	
(Mailing address MAY BE A POST OFFICE BOX			98.55 98 98.55 98.55 98.55 98.55 98.55 98.55 98.55 98.55 98.55 98.		
				Σ×. ω	
B. If amending the registered agent and/or r registered agent and/or the new registered office			ur records, <u>enter t</u>	he name of the	: new
Name of New Registered Agent: F	FRANK E. SMITH				
New Registered Office Address: 9	9311 MANSARD LANE				
Enter Florida street ac				ress	
	POF	RT RICHEY	, Florida	34668	
_		City		Zip Code	
New Registered Agent's Signature, if changing Regis	stered 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 Changing Registered Agent, Signature of New Registered Agent

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 = Managing Member Type of Action Title Title <u>Name</u> **Address** MGRM DAVID P. PARRIS 5441 MANATEE DRIVE NEW PORT RICHEY, ELORIDA, 34652 7 Remove ☐ Add Remove ☐ Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) MAY 5 2009 Dated \_\_\_ Signature of a member or authorized representative of a member FRANK E. SMITH Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00