

LD5000051809

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

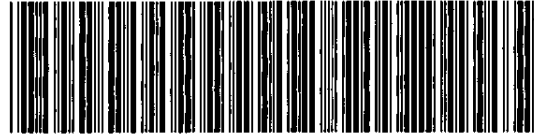
LOS-51809

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan MAR -5 2012

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BAY LOOP DEVELOPMENT, 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:

Robert A. Caplan  
Name of Person

Firm/Company

3631 CANAL ST.

Address

NEW ORLEANS, LA. 70119  
City/State and Zip Code

RC@LEWIS-CAPLAN.COM

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

For further information concerning this matter, please call:

Robert A. Caplan  
Name of Person

at (504) 486-7766  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 13, 2012

ROBERT A CAPLAN  
3631 CANAL STREET  
NEW ORLEANS, LA 70119

SUBJECT: BAY LOOP DEVELOPMENT, LLC  
Ref. Number: L05000051809

We have received your document for BAY LOOP DEVELOPMENT, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law. To reinstate this entity complete the enclosed application/report form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 612A00006405

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

BAY LOOP DEVELOPMENT, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on May 25, 2005 and assigned Florida document number 205000051809.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

3631 CANAL ST.

New Orleans, La. 70119

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

3631 CANAL ST.

New Orleans, La. 70119

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida street 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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Robert A. Caplan	3631 CANAL ST. New Orleans, La. 70119	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Michael B. Hewitt	151 Regions Way Suite 1-C Destin, Fla. 32541	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

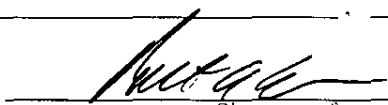
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FILED

Dated \_\_\_\_\_



Signature of a member or authorized representative of a member

Robert A. Caplan

Typed or printed name of signee