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(Re	questor's Name)	
(Add	dress)	<u>.</u> .
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(City	y/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
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2019 FEB -6 PH 5: 21

C. GOLDEN FEB 1 2 2019

COVER LETTER

Registration Section

Division of Corporations

0:

Bay to Gul	f Holdings LLC		
	Name of Lim	ited Liability Company	
he enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
ease return all correspo	ondence concerning this matter	to the following:	
	Christopher Smith		
		Name of Person	
	Bay to Gulf Holdings LLC		
	-	Firm/Company	
	1406 N Dale Mabry Hwy	#300	
		Address	
	Tampa FL 33607		
		City/State and Zip Code	
	ersproperty@gmail.com E-mail address: (to be used for future annual report not	ification
or further information o	concerning this matter, please c	·	•
hristopher Smith		813 476-3199	
Name o	of Person	at () Area Code Daytin	ne Telephone Number
nclosed is a check for t	he 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)
	ING ADDRESS:	STREET/COUR	
Registration Section Division of Corporations		Registration Section Division of Corpo	
P.O. Box 6327 Taliahassee, FL 32314		Clifton Building 2661 Executive C	enter Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2019 FEB -6 PM 5: 21 Bay to Gulf Holdings LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) he Articles of Organization for this Limited Liability Company were filed on 6/12/06 lorida document number ____L06000060655 his amendment is submitted to amend the following: .. If amending name, enter the new name of the limited liability company here: he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." nter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our records, enter the name of the new egistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ompany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

vIGR = Manager AMBR = Authorized Member

<u>l'itle</u>	Name	Address	Type of Action
AMBR Madison Arnold	Madison Arnold	1406 N Dale Mabry Hwy #300	
		Tampa, Fl. 33607	
			■ Remove
			☐ Change
			
			Remove
			Change
			Remove
			Change
			Remove
			☐ Change
			□ Remove
		☐ Change	
		□ Remove	
			☐ Change

	ending any other miormation, enter change(s) here. (Attach daditional sheets, if necessary.)
•	
	
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•	
lf an ef <u>Note:</u>	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	
	Signature of a member or authorized representative of a member
	Charton P. SmiTH
	Typed of printed name of signee

Page 3 of 3

Filing Fee: \$25.00