

LD6000063686

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

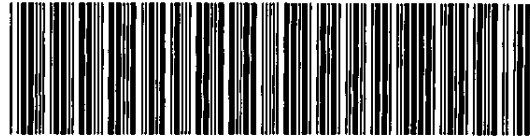
(Business Entity Name)

(Document Number)

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D. BRUCE
SEP 30 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 4421, L.L.C.
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:

JERRY BAYS
Name of Person

4421, L.L.C.
Firm/Company

11348 LOWER MT. VERNON RD.
Address

EVANSVILLE IN 47712
City/State and Zip Code

PCOLABAYS@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JERRY BAYS at (812) 985-9194
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

4421, 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 Liability Company were filed on 6/23/2006 and assigned Florida document number L06000063686.

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 contain 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)

9800 SIDNEY RD.
PENSACOLA, FL. 32507

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11348 LOWER MD. VERNON RD.
EVANSVILLE, IN. 47712

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:

JERRY BAYS

New Registered Office Address:

9800 SIDNEY RD.

Enter Florida street address

PENSACOLA

City

Florida

32507

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 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

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	JERRY BAYS	11348 LOWER MT. VERNON RD.	<input checked="" type="checkbox"/> Add
		EVANSVILLE IN. 47712	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ROGER BAYS	11348 LOWER MT. VERNON RD.	<input checked="" type="checkbox"/> Add
		EVANSVILLE IN. 47712	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	BRANDON BAYS	8507 MATADOR CAMINO	<input type="checkbox"/> Add
		PENSACOLA FL. 32507	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

(b) The 90th day after the record is filed.

Dated

9-22, 2016

[Handwritten signature]

Signature of a member or authorized representative of a member

Braydon S. Babs

Typed or printed name of signee