L07000035435

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(Cit	ty/State/Zip/Phone	#)
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SECRETARY OF STATE

110V 2 7 2013

T. HAMPTON

COVER LETTER

	Registration Section Division of Corporations		
SUBJEC	Bayview Technologies, LLC		
Name of Limited Liability Company			
The enclo	sed Articles of Amendment and fee(s) are submitted for filing.		
Please ret	irn all correspondence concerning this matter to the following:		
	Christopher Doyle		
Name of Person			
Bayview Technologies, LLC			
Firm/Company			
	509 S. Chickasaw Trail		
	Address		
Orlando, FL 32825			
	City/State and Zip Code		
	E-mail address: (to be used for future annual report notification)		
For furthe	r information concerning this matter, please call:		
Chris	stopher Doyle505 ,796-6329		
	Name of Person 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bayview Technologies, 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 04/03/2007

and assigned Florida document number L07000035435

This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab			CEFFLO	NOV 25 AM 10:	ī
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company,	" the designation "LL	C" or the ab	brEviat	ion
Enter new principal offices address, if applicable:					_
(Principal office address MUST BE A STREET ADDRESS)	-				-
			<u>.</u>		•
Enter new mailing address, if applicable:		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			_
(Mailing address MAY BE A POST OFFICE BOX)					-
	,	· -			

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:

	Citv	Zip Code
		, Florida
New Registered Office Address:	Enter Flo	rida street address
N P		
Name of New Registered Agent:		

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

MGR = Manager MGRM = Managing Member

Title MGR	Name Alexander Kruchinin	Address 509 S Chickasaw Trail Orlando, FL 32825	Type of Action Add Remove
MGR_	Christopher Doyle	509 S Chickasaw Trail Orlando, FL 32825	Add Remove
			Add Remove SECRET
			NOV 25 AM S: 43 RETARY OF STATE AHASSEE, FLORIDA
			_ Add _ Remove
			Add

f amending any other information, en	nter change(s) here: (Attach additional sheets, if necessary.)
November 21st	2013
A Dexanda Kun	clinin
Alexander Kruchinin	of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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