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TALLAHASSEF, FI OBJE

A. LUNT
FEB 1 8 2008
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Bay Area Backgrounds, LLC (Name of Limited Dability Company)					
The enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Nadine Piazza (Name of Person)					
Bay Area Backgrainds LLC (Firm/Company)					
P.O. Box 4					
LAYAO FL 33779 – 000 YARE TARY (City/State and Zip Code)					
For further information concerning this matter, please call: Main Piaza at 348-26					
Englosed is a check for the following amount: \$25.00 Filing Fee \$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
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

Bay Area Backar and LLC (Namelof the Limited Liability Company at it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 52307 and assigned Florida document number 1000054695	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
Fine new name must be distinguishable and end with the words "Limited Liability Company," the designation "L.C." or the abbreviate L.L.C."	_ tion
B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the needs agent and/or the new registered office address here:</u>	<u>iew</u>
Name of New Registered Agent:	_
New Registered Office Address: 2010 COV DOIVE (Enter Florida street address)	_
Largo , Florida 33774 (City) , Florida (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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma $MGRM = 1$	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Add Remove
		——————————————————————————————————————	Add Remove
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		STATE LORIDA	Add Remove
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			Add Remove
D. If amer	ding any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary.)	
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_			
- 4			<u> </u>
Dated	2/13) Feb 13	<u> 2008</u> .	
	Signature of a men	nber or authorized representative of a member	
	<u>Nadin e</u>	Prod or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00