LOS OCCUCALLA

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COVER LETTER

TO:	Registration S Division of Co			
SUBJEC	Bayview S	Solutions, LLC		
BODJE	~1·	Name of Lim	ited Liability Company	
		f Amendment and fee(s) are sub condence concerning this matter	_	
	•	Aron Tomko	·	
			Name of Person	
		Bayview Solutions LLC		
			Firm/Company	
		111 2nd Ave NE #900		
			Address	
		St Petersburg FL, 33701		
		aron@bvs-llc.net	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	cation)
For furth	er information	concerning this matter, please ca	all:	
Aron To	omko		727 2356016 at ()	
	Name	of Person		Telephone Number
Enclosed	d 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)

TO:

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

FILED 2015 SEP -4 PM 12: 28 SECRETARY OF STATE TALL ANASSEE, FLORIDA

4,

Bayview Solutions 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 Florida document number <u>L08000000664</u>	were filed on 01/02/2008	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	r the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	233 3rd St N.		
(Principal office address MUST BE A STREET ADDRESS)	Suite 201		
-	ST Petersburg FL, 33701		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		enter the name of the nev	
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 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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action

			☐ Remove
			☐ Change
			□ Add
			Remove
			☐ Change
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			☐ Change

_ Add

□ Remove

_□ Change

D. It amending any other information, enter change(s) here: (Allach daalitonal sheets, if necessary.)	
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E. Effective date, if other than the date of filing: (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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.	(3)(b) the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of (b) The 90th day after the record is filed.	•
Dated, Signature of a member or authorized representative of a member	
ARON TOMKO	
Typed or printed name of signee	

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Filing Fee: \$25.00