

W08000030119

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

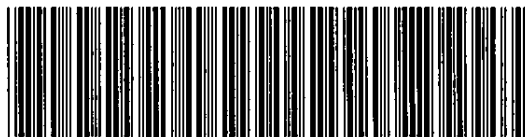
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500136082085

09/22/08--01042--011--**25.00

2008 SEP 22 AM 10:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

T. CLINE

SEP 23 2008

EXAMINER

REED, GRIFFITH & MORAN
ATTORNEYS AT LAW
POST OFFICE BOX 10
630 EAST OCEAN AVENUE
BOYNTON BEACH, FLORIDA 33425

ROBERT B. REED
JAMES J. MORAN

ROBERT F. GRIFFITH, JR.
(1920-2003)

TELEPHONE: 561 732-8188
561 737-1995
FAX: 561 732-4222

September 16, 2008

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

RE: BAY APARTMENTS, LLC

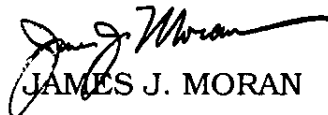
Dear Sir:

In connection with the above-captioned LLC, enclosed please find Articles of Amendment to Articles of Organization adding Managing Member DEBORAH L. HOLTHOUSE, I would like BOTH Managing Member's names (Daniel L. Holthouse and Deborah L. Holthouse) to appear on the Florida Department of State Division of Corporations website.

Enclosed please find our check in the amount of \$25.00 representing payment of your filing fee.

Thank you for your prompt attention to this matter.

Very truly yours,


JAMES J. MORAN

/bw
enclosures

FILED
SEP 22 AM 10:14
DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

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

BAY APARTMENTS, 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 March 25, 2008 and assigned

Florida document number L08000030119.

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 end with 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)

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:

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

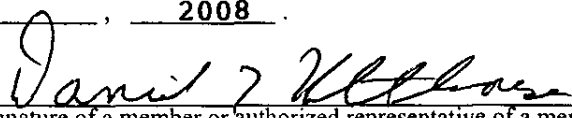
MGR = Manager

MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|-------------------|---|---|--|
| <u>MGRM</u> | <u>DEBORAH L. HOLTHOUSE</u> | <u>650 Castilla Lane</u> <u>Boynton Beach, Florida</u> <u>33435</u> | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| <u> </u> | <u> </u> | <u> </u> | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| <u> </u> | <u> </u> | <u> </u> | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| <u> </u> | <u> </u> | <u> </u> | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| <u> </u> | <u> </u> | <u> </u> | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| <u> </u> | <u> </u> | <u> </u> | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| <u> </u> | <u> </u> | <u> </u> | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary)*

Dated September 16, 2008


Signature of a member or authorized representative of a member

DANIEL L. HOLTHOUSE

Typed or printed name of signee

FILED
SEP 22 AM 10:14
TALLAHASSEE, FLORIDA
SECRETARY OF STATE