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(Re	equestor's Name)	_
(Ad	idress)	
(Ad	ddress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
· (Bu	ısiness Entity Naı	me)
(Do	ocument Number)	
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

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SELVETARY STATE
TABLE FLORING

CD. 10

COVER LETTER

TO: Registration Section Division of Corporation				
SUBJECT: Be	(Name of Limited Liability Company)			
·	(Name of Limited Liability Company)			
The enclosed Articles of An	nendment and fee(s) are submitted for filing.			
Please return all corresponde	lence concerning this matter to the following:			
	LEE M. Ellott (Name of Person)			
	(Name of Person)			
	Baypirate, LLC			
	2819 Alcazar Drive (Address) Miramar, Fr. 33023			
	(Address)			
Miramar, FL 33023				
	(City/State and Zip Code)			
For further information concerning this matter, please call:				
Lee Ell	iott at 305, 924-0715			
(Name of F		r)		
Enclosed is a check for the t	following amount:			
\$25.00 Filing Fee	Certificate of Status Certified Copy Certificat (additional copy is enclosed) Certified	te of Status &		

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

2000 OCT -8 PM 2: 02

SECRETARY U. STATE TALLAHASSEE. FLORIDA

Baypirate	, LLC	TALLAHASSEE, FLORID	
(Name of the Uimited Liability (A Florida L	Company as it now appears on our recordinited Liability Company)	<u>is.</u>)	
The Articles of Organization for this Limited Liability Co. Florida document number		and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company here:		
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Company," the designa	ation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	ESS)		
		- .	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office addr		enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	(Enter Florida street address)		
	, Flori	ida (Zip Code)	
	(- · · · · · · ·	(T	

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 Type of Action Title . Address Name LEE M. Elliott 2819 Alcazar Drive MITAMAR, FL 33023 Add Correct name.

Remove DESIREE E.F. Elliott 2819 Alcazar Drive Miramar h 33023 ☐ Add Remove 🗂 Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00