L0900018757

(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:
,
10/18/21 74

Office Use Only



200374342462

10/11/21--01009--001 **25.00

2021 OCT 11 PM 7: 10
SECORE LARY OF STATE
TALL AHASSET FOR

COVER LETTER

10;	Division of Co		4.	
	BAYARD	PARK DESIGNS, LLC	•	
SUBJE	СТ:	Name of Lim	ited Liability Company	
The enc	losed Articles o	f Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all corresp	ondence concerning this matter	to the following:	
		PETER MANGOS		
			Name of Person	
			Firm/Company	
		5287 WHITE BLOSSOM	CIRCLE	
			Address	
		SAINT CLOUD, FLORID	DA 34771	
		P_MANGOS@YAHOO.CG		
			to be used for future annual report notif	ication)
For furt	her information	concerning this matter, please ca	all:	
PETER	MANGOS		407 739-7866 at ()	
	Name	of Person	Area Code Dayume	Telephone Number
Enclose	ed is a check for	the following amount:		
■ \$25	5.00 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 Addre		Street Address: Registration Sec	ction

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 OCT 11 PH 7: 10

BAYARD PARK DESIGNS, LLC

(Name of the Limited Liability Company as it now appears on our records.) ECRETARY OF STATE (A Florida Limited Liability Company)

The Articles of Organization for this Limited I. Florida document number LOGOO	Liability Compa	any were filed on02/2	4/2009	and assigned
This amendment is submitted to amend the fol				
A. If amending name, enter the new name of	of the limited l	iability company here	:	
N/A				
The new name must be distinguishable and contain the	words "Limited L	iability Company," the desig	gnation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A		
(Principal office address MUST BE A STRE	ET ADDRESS	<u> </u>		
		<u></u>		
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or agent and/or the new registered office addresses		ce address on our reco	ords, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A		<u> </u>	
		Enter Florida	street address	
			Florida _	Zıp Code
		City		Zıp Code
New Registered Agent's Signature, if changing	Registered Age	ent:		

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	PETER MANGOS	5287 WHITE BLOSSOM CIRCLE	= Add
		SAINT CLOUD, FLORIDA 34771	_
			□Change
			□Add
			□Remove
			□Change
			□Add
			[]Remove
			□Change
			□Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
			☐Change
	· · · · · · · · · · · · · · · · · · ·		□Add
			□Remove
			☐ Change
			CIAdd
			□Remove
			Change

				,
			, <u> </u>	
			<u>.</u>	
				
				
Additional to the second secon				
	· · · · · · · · · · · · · · · · · · ·			
				
				
				·
fective date, if other than the date in effective date is listed, the date must be ote: If the date inserted in this block ocument's effective date on the Department.	specific and cannot be prior does not meet the applic	cable statutory filing re		
ecord specifies a delayed effective distilled.	ate, but not an effective t	ime, at 12:01 a.m. on t	he earlier of: (b) The 90th	day after the
OCTOBER 08	2021	·		
. 1	n/ o	orized representative of a		