L09000053274

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12 OCT -1 MIN: 2:
SECRETARY OF STATE

COVER LETTER

	ration Section n of Corpora			•
SUBJECT:		Bayshore	Worldwide, LLC	
		Name of Limi	ted Liability Company	
The enclosed Ar	ticles of Ame	ndment and fee(s) are sub	omitted for filing.	
Please return all	corresponden	ce concerning this matter	to the following:	
		···	Alvaro Castillo	
			Name of Person	
		C	astillo and Associates	
			Firm/Company	
		138	30 Brickell Ave, Ste 200	
	 -		Address	
			Miami, FL 33131	****
City/State and Zip Code				
		G-mail address: (ro@alvarocastillopa.com to be used for fluture annual report no	lification)
For further infor	nnation conce	ming this matter, please c		
	Martha	Robles	at (305)	371-5540
	Name of Pers			ime Telephone Number
Enclosed is a ch	eck for the fol	lowing amount:		
25.00 Filing	g Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

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 Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

12 OCT -1 AM 11: 25

Bayshore Wor (Name of the Limited Liability Compan (A Florida Limited Li	SECRETARY OF STATE AND Appears on our records. TAEL AND SEE, FLORIC ability Company)		
The Articles of Organization for this Limited Liability Company	were filed on 8/16/2010 and assigned		
Florida document number <u>L0900053274</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
Biscayne Administrati	ve Services, LLC		
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	1548 Brickell Ou.		
(Principal office address MUST BE A STREET ADDRESS)	Miami, 77 33129		
Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)	1548 Brickell av. Higmi, 71 33129		
B. If amending the registered agent and/or registered off 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

Title .	<u>Name</u>	Address	Type of Action
HGPR	Juan Carlos Cortes	1549 Bickell Qu Hrami, 7 33129	Add Remove
			Add Remove
			Add Remove
			Add Remove
***************************************			Add Remove
***************************************			Add Remove
D. If amen	ding any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	
			
Dated	,		,
		or author reducifies entitative of a member an Carlos Cortes or printed name of signee	***************************************

Page 2 of 2

Filing Fee: \$25.00