L09000070467

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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K. SALY

COVER LETTER

TO:	Registration Section Division of Corpor				
SUBJE	CT:	EZI	STO LL	<u> </u>	
		Name of Limit	ed Liability Company		
The end	losed Articles of Am	endment and fee(s) are subn	nitted for filing.		
Please	eturn all corresponde	nce concerning this matter t	o the following:		
		Adaw	n Salha	nick	
			Name of Person		
			D) (G		
			Firm/Company	Λ	
		3310 WI	sconsin	the	
			Address		 -
		Tame	pa Fl	33611	
	_	Asalh	City/State and Zip Code ANICK 1 (2) To be used for future annua	gnail.	com
For for	har information conc	erning this matter, please ca		п тероп поппевноп	,
A	_	elhanick	 a.(813)	748-9	7149
	Name of Pe	rson	Area Code	Daytime Telep	hone Number
Enclose	ed is a check for the fe	ollowing amount:			
□ \$25	5.00 Filing Fee l	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is co		□ \$60.00 Filing Fee, 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
Tallahassee, FL 32301

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

2016 OCT -5 PM 2.

EZ NTO	LLC MILLAMARY 3: 59	7
(Name of the Limited Liability Company (A Florida Limited Lia	v as it now appears on our records.)	,
The Articles of Organization for this Limited Liability Company w Florida document number <u>LO900070467</u>	vere filed on $07/22/2009$ and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability Bay to Bay Cortto The new name must be distinguishable and contain the words "Limited Liability	acting LLC	-
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	3310 WISCONSIN Ave Tampa F1 33611	•
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Jame As Above	
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:		<u>1ew</u>
Name of New Registered Agent: New Registered Office Address: 3310	WISCONSIN AUC Enter Florida street address	
New Registered Agent's Signature, if changing Registered Agent:	City , Florida 33611 Zip Code	-

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

or removed from our records: MGR = Manager AMBR = Authorized Member **Address Type of Action Title** Name ☐ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change _□ Add □ Remove ☐ Change ☐ Add ☐ Remove □ Change □ Add ☐ Remove ☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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te: If the date inserted in this block cument's effective date on the Depa	does not meet the applica	able statutory filing requ	irements, this date	will not be listed a
ument's effective date on the Depa	ment of state's records.			
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