

L'090000 77691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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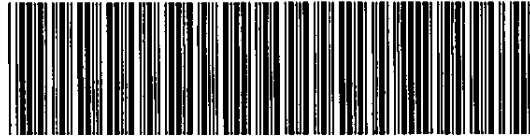
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 30 2015

J SHIVERS

COVER LETTER

(printing off  
blind)

TO: Registration Section  
Division of Corporations

North Bay Villas of Pinellas, LLC

SUBJECT:

North Bay Villas of Pinellas LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nicole Matoushek

Name of Person

N/A  
Firm/Company  
Name

416 13th AVE NE

Address

33701

St. Petersburg FL 33701

City, State and Zip

nmatoushek@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

nmatoushek@hotmail.com

727-895-3012

Nicole Matoushek

Name of Person

Area Code

Daytime Telephone Number

Nicole Matoushek

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy enclosed)
- \$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

North Bay  
Villas of Pinellas, LLC

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

(Pending  
merged)

~~North Bay Villas of Pinellas, LLC~~  
~~North Bay Villas of Pinellas, LLC~~  
~~North Bay Villas of Pinellas, LLC~~

~~Is it now a ... on our records ...~~

The Articles of Organization for this Limited Liability Company were filed on 7/31/2009 and assigned

Florida document number LO9000073691

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 contain 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

416 13th Avenue E.

St. Petersburg, FL 33701

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

416 13th Avenue

St. Petersburg, FL 33701

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:

Nicolaev Natorovsk

New Registered Office Address:

416 13th Avenue E.

St. Petersburg, Florida 33701

New Registered Agent's Signature if change in 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 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.

[Signature]  
If Changing the 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

Title	Name	Address	Type of Action
MGR	Deter Ford	345 5 <sup>th</sup> Ave N	<input type="checkbox"/> Add
		St. Petersburg FL	<input checked="" type="checkbox"/> Remove
		g. 33701	<input type="checkbox"/> Change
MGR	Nicole Matoushek	416 13 <sup>th</sup> Ave NE	<input checked="" type="checkbox"/> Add
	Mele Matoushek	St. Petersburg FL	<input type="checkbox"/> Remove
		g. 33701	<input type="checkbox"/> Change
MGR	Phillip Herlein	416 13 <sup>th</sup> Ave NE	<input checked="" type="checkbox"/> Add
		St. Petersburg FL	<input type="checkbox"/> Remove
		g. 33701	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 15 NOV 2010  
 AH 9:18

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

Lined area for amending information.

15 NOV 25 AM 9  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing:

11/20/15

(optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day after filing pursuant to 605.0207 (3)(b))

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated

11/17/15

Signature of authorized representative of a member

Patti Herlein

Type or printed name of agent