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## **COVER LETTER**

TO:

Registration Section Division of Corporations

CCI TAMP SUBJECT:	A BAY, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MERRITT A. GARDNER		
	GARDNER LAW FIRM	Name of Person	
	5415 MARINER STREET	Firm/Company , STE, 200	
	TAMPA, FLORIDA 3360	Address	
	MGARDNER@MAGARD		
	E-mail address: (	to be used for future annual report no	tification)
For further information of	concerning this matter, please c	all:	
MERRITT A. GARDNI	ER	813 288-9600 at ()	
Name o	of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 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)
Regist Divisi P.O. B	ING ADDRESS: ration Section on of Corporations Box 6327 assec, FL 32314	STREET/COUP Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassec, FL	orations Center Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2019 [27] 24 Fit 4: 48 CCLTAMPA BAY, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 99/11/2009 \_\_\_\_\_ and assigned Florida document number \_L09000087955 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." 5612 S. Manhattan Ave. Enter new principal offices address, if applicable: Tampa, Florida 33616 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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 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>	<u>Address</u>	Type of Action
MGR	Mach, Tomas	5612 S. Manhattan Ave.	
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		Tampa, Florida 33616	☐ Remove
			D Remove
			Change
	Machova, Judita	5612 S. Manhattan Ave.	
MGR			□ Add
		Tampa, Florida 33616	
		<del></del>	Remove
			🗏 Change
	Mach, Miroslav	5612 S. Manhattan Ave.	- Change
MGR	Mach, Minosiav	3012 3	
		Tampa, Florida 33616	
			□ Remove
MGR	Mach, Jakub	5612 S. Manhattan Ave.	<b>■</b> Add
<del></del>		Tampa, Florida 33616	
			□ Remove
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e date, if other than the date of filing:
rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
ctober 18 2019
Signature of a member or authorized representative of a member
Signature of a member or authorized representative of a member
Judita Machova  Typed or printed name of signer
If nen co 9

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Filing Fee: \$25.00