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## **COVER LETTER**

TO: ^*Registration Section Division of Corporations
SUBJECT: Bayon Chico Management, 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:
C.R. Thegdon Name of Person
Bayso Chico Management, LLC Firm/Company
104 Cypus Point E Address
Personale, FL 32514 City/State and Zip Code
E-maileddress: (to be used for future annual report notification)
For further information concerning this matter, please call:
Punky Moore at (850) 439 - 2700  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$\$\$\$\$\$\$\$\$ (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

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SECKETARY OF STATE

Bayon Chico n	Janagement L	<del></del>	SEE, FLORIDA
(A Florida	ty Company as it now appear Limited Liability Company)	irs on our records.)	
The Articles of Organization for this Limited Liability Florida document number		o-10-2010	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company he	<u>re</u> :	
The new name must be distinguishable and end with the we "L.L.C."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADD		any," the designation "LI	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office ad-		our records, <u>enter th</u>	e name of the new
Name of New Registered Agent:			
New Registered Office Address:	F <sub>V</sub>	nter Florida street addre	
	Emer Fioriaa sireet address		
<del></del> -	City	, Florida	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

MGR = Manager MGRM = Managing Member **Title** <u>Name</u> **Address** Type of Action MGRM George W. Franklin 104 Cypress Point E Penencola, FC 32514 MGRM Charles R. Higdon 104 Cypress Paint E ☐ Add Remove ☐ Remove □ Add ☐ Remove Add Remove  $\prod$ Add Remove  $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) Dated CHARLES R. Higoon
Typed or printed name of signee

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:

Page 2 of 2

Filing Fee: \$25.00