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(Requestor's Name) (Address) (Address)	900415614909
(City/State/Zip/Phone #)	FILED 2023 SEP IS AM 9: 13 SECRETARY OF STATE FULL MIASSPEL FLORIN.
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## **COVER LETTER**

## TO: Registration Section Division of Corporations

Bayshore Retreat, LLC

SUBJECT: \_

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:

Carley Given Name of Person Bayshore Retreat, LLC Firm/Company 615 Sunnybrook Dr. Address Brentwood, TN 37027 City/State and Zip Code carleygiven@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 205 521-8384 Scott Adams at (\_ Daytime Telephone Number Name of Person Area Code Enclosed is a check for the following amount: ■ \$55.00 Filing Fee & □ \$60.00 Filing Fee. □ \$30.00 Filing Fee & 11 \$25.00 Filing Fee Certificate of Status & Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: **Registration Section Registration Section Division of Corporations Division of Corporations** The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bayshore Retreat, LLC

2023 SEP 15 AM 9: 13 SECRETARY OF STATE

and assigned

(Name of the Limited Linbility 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 07/19/2010 Florida document number 1.10000075907

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 "LLC."

Enter new principal offices address, if applicable: (<u>Frincipal office address MUST BE A STREET ADDRESS</u>)

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:	Wayne Williamson		
New Registered Office Address:	167 E. Pl. Washington Road		
	Enter l <sup>2</sup> lorida street address		
	Santa Rosa Beach	, Florida <sup>32459</sup>	
	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 605, F.S. Or. if this document is being filed to merely reflect a change in the registered office address. Thereby 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

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Title	Name	Address	Type of Action
CEO	Megan Deane	457 Calhoun Avenue	□Add
		Destin, FL 32541	
			Change
(FO	Judy Bulter	3850 River Run Trail	🗆 Add
		Vestavia Hills, AL 35243	
		<u> </u>	Change
AMBR	Carley Given	615 Sunnybrook Dr.	🖬 Add
		Brentwood, TN 37027	CRemove
		<u> </u>	□Change
			🗋 Add
			🗆 Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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	the late of the section the dat	te of filing:(optional) specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
Hect	live date, if other than the data	c of fining:(optional)
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لمعدور	September 14	
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aica		Caulifour
AICO	Sign	nature of a member or authorized representative of a member
ימוכנו		nature of a member or authorized representative of a member n. as Personal Representative of the Estate of Judy White Butler

Filing Fee: \$25.00