

**L10 000090093**

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : RICHARDS, GILKEY, FITE, SLAUGHTER, PRATESI & WARD, P.A.  
Account Number : 075350000244  
Phone : (727)443-3281  
Fax Number : (727)446-3741 **447-8830**

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

dfevero@richardsgilkey.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BAY ARBOR RUMBA LLC**

Certificate of Status	0
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**D. BRUCE**

**OCT 25 2011**

**EXAMINER**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Bay Arbor Rumba, 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:

R. Carlton Ward

Name of Person

Richards, Gilkey, Fite, Slaughter  
Pratesi & Ward, P.A.

Firm/Company

1253 Park Street

Address

Clearwater, Florida 33756

City/State and Zip Code

dfavero@richardsgilkey.com

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

For further information concerning this matter, please call:

Debi Favero, Legal Assistant

Name of Person

at (727) 443-3281

Area Code & Daytime Telephone Number

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 is 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

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11 OCT 24 AM 8:06  
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TALLAHASSEE, FLORIDA

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

Bay Arbor Rumba 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 8/27/2010 and assigned Florida document number L10000090093.

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 end with 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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**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

, Florida

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 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

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:

MGR = Manager

MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	Nick Papas	18395 Gulf Blvd, Suite 204 Indian Shores, Florida 33785	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
CMGR Chief Manager	Frank R. Chivas	18395 Gulf Blvd, Suite 204 Indian Shores, Florida 33785	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<i>Pres</i>	Frank R. Chivas	18395 Gulf Blvd, Suite 204 Indian Shores, Florida 33785	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated 10-20-2011

Signature of a member or authorized representative of a member

CARLTON WARD

Typed or printed name of signee

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