L11000053531

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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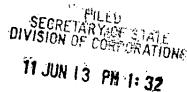
SECRETARY STATE ON DIVISION OF CORPORATION

COVER LETTER

	ration Section on of Corporations					
SUBJECT:	Bay	Transit LLC				
SUBJECT: Name of Limited Liability Company						
	rticles of Amendment and fee(s) are sub					
ricase return ar	correspondence concerning this matter	to the tollowing.				
		Jessica Jackson				
		Name of Person				
Bay Transit LLC						
		Firm/Company				
	548 Mary Esther Cutoff 18 PMB 296 Address					
	Ft Walton Beach, FL 32548 City/State and Zip Code					
	ba	aytransllc@yahoo.com to be used for future annual report notification)				
Tan Carlan infa						
For lurtner into	rmation concerning this matter, please of	cau:				
	Jessica Jackson Name of Person	at (850) 420-1791 Area Code & Daytime Telephone Number	_			
	(400) (6) (4) (5)	Augu Code de Paysimo Felephone Francos				
Enclosed is a ch	neck for the following amount:					
▼ \$25.00 Filin	g Fee S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & \$60.00 Filing Fee Certified Copy (additional copy is enclosed) \$60.00 Filing For Certificate of Certified Copy (additional content of Certified Copy (additional copy is enclosed)	Status &			
	MAHLING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building				
	Tallahassee, FL 32314	2661 Executive Center Circle				

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Bay Tran	isit LLC		,-
(Name of the Limited Liabili		s on our records.)	
The Articles of Organization for this Limited Liability Florida document numberL11000053531	Company were filed on	4-29-2011	and assigned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the li</u>	nited liability company her	<u>e</u> :	•
The new name must be distinguishable and end with the w"L.L.C."	ords "Limited Liability Compa	ny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADL	ORESS)		
Enter new mailing address, if applicable:	<u></u>		
(Mailing address MAY BE A POST OFFICE BOX)			
			
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad		our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	En	ter Florida street add	ress
	μ.		
	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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager
MGRM = Managing Member

<u>Title</u> <u>Name</u>

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Regina Martin	548 Mary Esther Cutoff #18 PMB 296 Et Walton Beach, FL 32548	Add Remove
MGR	Brian McDaniel	548 Mary Esther Cutoff #18 PMB 296 Ft Walton Beach, FL 32548	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen —	ding any other information, ent	er change(s) here: (Attach additional sheets, if necessary.)	SECRETARY OF CHISION OF CHISION OF CHISION OF CHISION IS
— —			OR STRUME
Dated	June 7 June 7 Signature of	Jackson Buan Mc Jan Amember or authorized representative of a member	
	U Signification	Brian McDaniel	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00