1110000 57626

(Reque	estor's Name)
(Addre	iss)
(Addre	ess)
(City/S	State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busin	ess Entity Name)
(Docu	ment Number)
Certified Copies	Certificates of Status
Special Instructions to Fili	ng Officer:

Office Use Only



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COVER LETTER

то:	Registration Se Division of Co			
cunic		STRUCTURES, L.L.C.		
SUBJEC	ω1:	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ro	eturn all correspo	ondence concerning this matter	to the following:	
		ADRIAN MIDDLETON.	ESQ	
			Name of Person	
		SWORD & SHIELD LLC		
			Firm/Company	
		1437 MARKET ST		
			Address	
		TALLAHASSEE, FL 323	12	
			City/State and Zip Code	• • •
		BIZ@SWORDANDSHIEL		
For furth	her information o	e-mail address: (concerning this matter, please c	to be used for future annual report notification)	
	N MIDDLIETO:		850 815 0256	
	Name o	of Person	at ()	: Number
Enclosed	d is a check for t	he following amount:		
■ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) C	60.00 Filing Fee. Certificate of Status & Certified Copy additional copy is enclosed)
	Mailing Addre Registration		Street Address: Registration Section	
	Division of C	Corporations	Division of Corporations	
	P.O. Box 63: Tallahassee.		The Centre of Tallahasse 2415 N. Monroe Street.	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BAYSIDE STRUCTURES, L.L.C.	in Community and the community of the co	
(A Florid	ty Company as it now appears on our records a Limited Liability Company)	<u>.</u> }
The Articles of Organization for this Limited Liability C Florida document number 1.11000057626	Company were filed on <u>05/16/2011</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited 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 ADDI	RESS)	
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		:
(Mailing address MAY BE A POST OFFICE BOX)		
		C)
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter t</u>	he name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
- 	Enter Florida street address	
	, Flo	rida
	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, 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	DAVIS, SCOTT A	250 OREO DRIVE	□Add
		MOLINO, FL 32577	≣Remove
			□Change
MGR	LUKE HUNTER FILLINGIM	600 South Barracks St. suite 220	
		PENSACOLA, FL 35202	□Remove
			□Change
		-	□Add
		.	□Remove
			☐Change
<u>-</u>			
			□Change
			□Add
			□Remove
			□Change
			DAdd
			□Remove
			□ Change

		
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te: If the date inserted in this cument's effective date on the	nust be specific and cannot be prior to date of fil block does not meet the applicable statute Department of State's records.	(optional) ling or more than 90 days after filing.) Pursuant to 605 ory filing requirements, this date will not be list 11 a.m. on the earlier of: (b) The 90th day afte
s filed.	ive date, out not an effective time, at 12:0	or a.m. on the earner of: (b) The 90th day afte
JUNE 6	2024	
ted JUNE 6	GIMUL Signature of a member or authorized repres	

Filing Fee: \$25.00