LII 000062255

(Requ	estor's Name)	
(Addre	ess)	
(Addr	ess)	
(City/s	State/Zip/Phon	e #)
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COVER LETTER

TO:	Registration Sec Division of Corp			,
eun ie.		BAY II, LLC		•
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of ,	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspoi	ndence concerning this matter	to the following:	
		ADAM M BARNARD		
			Name of Person	
		BARNYARF PROPERTI	ES, LLC	
			Firm/Company	
		4585 CITRUS BLVD		
			Address	
		COCOA FL 32926		
			City/State and Zip Code	
		BARNYARFPROPERTIES	-	
			to be used for future annual report notif	ication)
For furt	her information co	ncerning this matter, please co	all:	
ADAM	M BARNARD		801 851-0168 at ()	
	Name of	Person		Telephone Number
Enclose	d is a check for th	e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIE PALM BAY II 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 05/26/2011 and assigned Florida document number $_{-}^{\text{L11000062255}}$ 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 "L.I.C." or the abbreviation "L.I.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) 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

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
MGRM	MUMMERT, MICHAEL E	4060 VANCOUVER AVE	■ Add
		COCOA FL 32926	Remove
			Change
	 		Add
			Remove
			Change
			Add
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Tective date, if other than an effective date is listed, the date ote: If the date inserted in this ocument's effective date on the	s block does not meet the a	pplicable statutory filing	(optional) ore than 90 days after filing.) P requirements, this date wi	ursuant to 605.020 Il not be listed a
e record specifies a dela The 90th day after the	yed effective date, bu ecord is filed.	t not an effective ti	me, at 12:01 a.m. or	the earlier o
10-15	2020			
	7			
	11/2-	24/	•	
	Signature of a member on	authorized representative	of a member	

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Filing Fee: \$25.00