## L11000090898

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700237818297

07/31/12--01006--008 \*\*25.00

SECRETARY OF STATE

2012 JUL 31 AM 10: 2;

J. SAULSBERRY EXAMINER AUG 1 2012

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

	Bayshore - F				_		
(Name of the Limite	d <u>Liability Compa</u> A Florida Limited L	ny as it now appe liability Company	ars on our records.)				
The Articles of Organization for this Limited L	Liability Company	were filed on	August 8, 2011	and	lassigne	ed	
Florida document numberL1100009	0898						
This amendment is submitted to amend the fol	lowing:			•			
A. If amending name, enter the new name (	of the limited liab	ility company h	ere:				
The new name must be distinguishable and end w "L.L.C."	ith the words "Limi	ted Liability Com	pany," the designation	"LLC" or t	the abbro	eviation	
Enter new principal offices address, if appli	3949 Evans	Ave, Suite 302			<u></u>		
(Principal office address MUST BE A STRE	ET ADDRESS)	Fort Myers,	FL 33901	_ZS.	2012		
•				<u>&gt;</u> 55	2		
				AS	<del>က</del> ယ	gadayzanka ganaksya e	
Enter new mailing address, if applicable:				138 138		1	
(Mailing address MAY BE A POST OFFICE	<u> </u>				<b>3</b> 1		
. •				<u> </u>	: ::::::::::::::::::::::::::::::::::::	· · · ·	
	·			Dir.	22	•	
B. If amending the registered agent and registered agent and/or the new registered of			our records, enter	the nan	ie of th	ne new	
Name of New Registered Agent:	David Higgi	ns					
New Registered Office Address:	3949 Evans	Ave, Suite 30	)2				
Avalighted Office / tayloss.	Enter Florida street address						
	Fort Myers		, Florida _	33	33901		
	<del></del>	City		Zip (	Code		
New Registered Agent's Signature if changing	Desistared Assets	,					

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

Page 1 of 2

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

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	David Higgins	1214 Canterbury Drive Fort Myers, FL 33901-8761	✓ Add Remove
MGRM	John V. Hugill	242 Staable Gate Drive Campobello, SC 29322-8037	✓ Add ☐ Remove
MGR	Karl Lippek	12984 Beacon Cove Lane Fort Myers, FL 33919	
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter ch	ange(s) here: (Attach additional sheets, if necessa	iry.)
			2012 JUL 31 AM SECRETARY OF S TALL AHASSEE FI
Dated	July 26 ,	2012	AH IO: 22
	Signature of a mer	nber or authorized representative of a member	<del></del>
		David Higgins	<del></del>
	1.4	rpea or princea name or aigiles	

Page 2 of 2

Filing Fee: \$25.00