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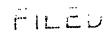
C. LEWIS NOV 1 4 2011 EXAMINER

COVER LETTER

io:	Division of Co		,		
SUBJE	A CT.	Eventide	e Bayside, LLC		
SUDJE			ited Liability Company		
The end	closed Articles of	Amendment and fee(s) are sul	bmitted for filing.		
Please 1	return all correspo	ondence concerning this matter	r to the following:		
			Thomas S. Gibson Name of Person		
Name of Person					
		Rish, Gibson & Scholz, P.A.			
Firm/Company					
		P. O. Box 39			
			Address		
	Port St. Joe, FL 32457				
		City/State and Zip Code			
		F-mail address: (gibson@psjlaw.com to be used for future annual report notific	cation	
For furt	ther information o	concerning this matter, please of			
	Thor	nas S. Gibson	at (850)	229-8211	
Name of Person		f Person	Area Code & Daytime Telephone Number		
Enclose	ed is a check for the	he following amount:			
\$25.	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Registr Divisio P.O. B Tallaha	ING ADDRESS: ration Section on of Corporations on 6327 assee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	n ntions nter Circle	

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2011 NOV 1:0 PH 2: 34

(Name of the Limited	Eventide Bayside, LLC	SECRETA	ARY OF STAIT. SSEE, FLORIDA		
(A	Liability Company as it now apper Florida Limited Liability Company)	-		
The Articles of Organization for this Limited Lia Florida document number L11000124		November 1, 201	1 and assigned		
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liability company h	ere:			
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Com	pany," the designation "l	LLC" or the abbreviation		
Enter new principal offices address, if applica	ble:				
(Principal office address MUST BE A STREE)	(ADDRESS)				
	 				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE I					
-					
B. If amending the registered agent and/or the new registered off		our records, enter 1	the name of the new		
Name of New Registered Agent:	Warren Yeager				
New Registered Office Address:	324 Marina Drive				
Enter Florida street address					
	Port St. Joe	, Florida	32456		
	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 **Type of Action** <u>Title</u> Name Address MGRM Ralph Rish 324 Marina Drive ☐ Add Port St. Joe. FL 32456 √ Remove ☐ Add Remove Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) November 7 2011 Dated _____ Signature of a member or authorized representative of a member

Warren Yeager
Typed or printed name of signee

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Filing Fee: \$25.00