		(Req	uestor's Nam	ie)		
		(Add	ress)			
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		(City/	/State/Zip/Ph	one #)		
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# COVER LETTER

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TO:	Registration Division of C			
		each Carpentry LLC		
SUBJE				
		Name of Lin	nited Liability Company	
The enc	losed Articles o	of Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all corres	pondence concerning this matter	to the following:	
		Charles R Black		
		- <u></u>	Name of Person	
		Bay to Beach Carpentry L	.LC	
			Firm/Company	
		928 16 St W		
			Address	
		Bradenton, FL 34205		
		curly1162@gmail.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report	notification)
For furt	her information	concerning this matter, please c	all:	
Charles	R Black		941 504-572 at ()	
	Name	of Person	Area Code Da	ytime Telephone Number
Enclose	d is a check for	the 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)
	Regis Divis P.O.	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, FL 32314	Registration S Division of Cc Clifton Buildia	orporations ng e Center Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bay to Beach Carpentry, LLC

#### (<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on June 21, 2012 and assigned Florida document number L12000081988

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 "LLC" or the abbreviation "LLC."

#### 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, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	285
	, F	lorida
	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

n n Ye

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

### MGR = Manager AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Geremie R England	490 N Willowwood Pt	🖬 Add
		Crystal River, FL 34429	Remove
			Change
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

بر Dated	y 10 2017			
17met	Clock R Bluet	SLUE TALLA	2017 JL	T
	Signature of a member or authorized representative of a member	)		
	Charles R Black	ST	24 P	[****
	Typed or printed name of signee		ЪЙ.	F
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Page 3 of 3

Filing Fee: \$25.00