L12 000 147934

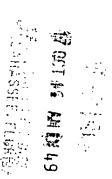
| | | • |
|-------------------------|--------------------|-------------|
| (Re | questor's Name) | |
| (Ad | dress) | |
| | | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (0) | | |
| (Bu | isiness Entity Nar | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| ; | | |
| | | |
| | | |
| , , , | | |

Office Use Only



300304440763

10/16/17--01031--011 **25.00



t . . . 7

COVER LETTER

| TO: Registration Se Division of Cor | | | |
|--|--|---|--|
| | Bay Company, LLC | | |
| SUBJECT: | Name of Limit | ted Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are subm | nitted for filing. | |
| Please return all correspo | ndence concerning this matter t | to the following: | |
| | Robert Elens | | |
| | | Name of Person | |
| | The Elens Bay Company | | |
| | | Firm/Company | |
| | 411 Walnut St #12816 | | |
| | *************************************** | Address | |
| | Green Cove Springs, FL 3 | 32043 | |
| | | City/State and Zip Code | <u>. , , , , , , , , , , , , , , , , , , ,</u> |
| | robert.elens@gmail.com | | |
| | E-mail address: (te | o be used for future annual report notifi- | cation) |
| For further information c | oncerning this matter, please ca | ili: | |
| Robert Elens | | 850 512-6150 at () | |
| Name o | f Person | Area Code Daytime | Telephone Number |
| Enclosed is a check for the | ne 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

| The Elens Bay Company, LLC | | | | | _ | |
|--|--|---|-----------------------------|------------|----------|---------|
| (Name of the Limit | d Liability Compai (A Florida Limited L | av as it now appea iability Company) | rs on our records.) | | | |
| The Articles of Organization for this Limited Li Florida document number L12000147934 | ability Company | were filed on <u>N</u> | lovember 27, 2012 | and | assign | ed |
| This amendment is submitted to amend the follow | owing: | | | | | |
| A. If amending name, enter the new name of | the limited liabi | lity company h | iere: | | | |
| The new name must be distinguishable and contain the w | ords "Limited Liabili | ity Company," the | designation "LLC" or the ab | breviation | "L.L.C | 277 |
| Enter new principal offices address, if applica | able: | 411 Walnut St | #12816 | | | |
| (Principal office address MUST BE A STREE | T ADDRESS) | Green Cove Sp | orings, FL 32043 | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I | <u>BOX)</u> | | | | 17 07 16 | |
| B. If amending the registered agent and/or the new registered of New Registered Agent: | | | n our records, <u>enter</u> | 1-4 | - | the new |
| New Registered Office Address: | 411 Walnut St # | 12816 | | | | |
| new negation Office natures. | | Enter Flo | orida street address | | | |
| | Green Cove Spr | rings | , Florida <u>32</u> | 043 | | |
| | | City | | Zip Co | ode | |

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

Title Name **Address** Type of Action 411 Walnut St #12816 Green Cove Sprnys, FL 32043 Robert N. Elers □ Add □ Remove Change □ Add □ Remove ☐ Change □ Add Remove □ Change . ☐ Change _□ Add ☐ Remove _□ Change □ Add □ Remove ☐ Change

| - Table 1 | |
|--|--------------|
| and the second s | |
| ENT STATE OF THE S | ,., |
| | |
| | 3 |
| TAN CONTRACTOR OF THE CONTRACT | |

Page 3 of 3

Filing Fee: \$25.00