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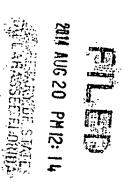
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NUG 21 2014 D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Gulf to Bay Group LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Salvatore Maita Jr.

Name of Person

Firm/Company

11410 Georgetown Circle

Address

Tampa, Florida 33635

City/State and Zip Code

salmaita@remax.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Salvatore Maita Jr.

ુ,813,3

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status

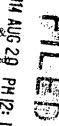
□ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

S60.00 Filing Fee

Certificate of Status &

Certified Copy

(additional copy Senciose



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

Gulf to Bay Group LLC		
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number <u>L13000027740</u>	bility Company were filed on 02/21/2013	and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
Salvatore Maita Jr., LLC		
The new name must be distinguishable and end with the wo	ords "Limited Liability Company," the designation "LLC" or the al	bbreviation "L.L.C."
Enter new principal offices address, if applicat	ble:	
Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE B	<u>ox</u>)	
B. If amending the registered agent and/or registered agent and/or the new registered office	r registered office address on our records, <u>enter</u>	the name of the r
egistered agent and/or the new registered office	te address here.	
Name of New Registered Agent:		
		12
New Registered Office Address:	Enter Florida street address	
	The side	
	, Florida	Zin Code
New Registered Agent's Signature, if changing Re	gistered Agent:	
hereby accept the appointment as registered	agent and agree to act in this capacity. I further agr	. i (1) i i
provisions of all statutes relative to the proper	and complete performance of my duties, and I am fo	amiliar with and
accept the obligations of my position as registe	ered agent as provided for in Chapter 605, F.S. Or,	if this document is
being filed to merely reflect a change in the re company has been notified in writing of this ch	gistered office address, I hereby confirm that the lim	iited liability
ompany nas ocen notifica in writing of this ch	шпкс.	

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

<u>Title</u>	Name	Address	Type of Action
			□ Remove
		····	Add
			□ Remove
			☐ Add
		□ Remove	
			Add
			□ Remove
			Add S
			AUR AUR PROPERTY A
			Add AUG Remove 20 PM 12: 15
			Remove

D. If amending any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department	of receipt or filed date and cannot be more than 90 days after
Dated August 18	<u>2014</u> .
-/	ember or authorized representative of a member
Salvatore Maitá Jr.	
े प	uned or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

