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COVER LETTER

	Registration Se Division of Cor			
011D 100	Salvatore M	laita Jr., LLC		
SORTEC	T:	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all correspon	ndence concerning this matter	to the following:	
		Salvatore Maita Jr.		
			Name of Person	
		Salvatore Maita Jr., LLC		
			Firm/Company	•
		11410 Georgetown Circle		
			Address	APR C
	13 14	Tampa, Florida 33635	City/State and Zip Code	
	, ., 1		City/State and Zip Code	<u> </u>
	* * * 1	E-mail address: (n to be used for future annual report notifi	cation)
For furthe		oncerning this matter, please ca		
Salvatore	e Maita Jr.		813 334-1577	
	Name of	f Person	at () Area Code Daytime	Telephone Number
England	is a aboak for th	e following amount:		
	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)
	Registra Division P.O. Bo	ING ADDRESS: ation Section in of Corporations ox 6327 ssee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	itions Iter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Salvatore Maita Jr., LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) I Liability Company)	
he Articles of Organization for this Limited Liability Compan	y were filed on 02/21/2013	and assigned
lorida document number L13000027740		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lia	bility company here:	
ulf to Bay Group LLC		
e new name must be distinguishable and contain the words "Limited Liab	pility Company," the designation "LLC" or	r the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDRESS)		7
mequi office address Modif DL A SINCEL ADDRESS		7 7
		79
		~
nter new mailing address, if applicable:		PH 2:
<u> Iailing address MAY BE A POST OFFICE BOX)</u>		
		अ
If amending the registered agent and/or registered	office address on our records,	enter the name of the ne
gistered agent and/or the new registered office address he	<u>re</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
Ton togracion Office Address.	Enter Florida street address	
	. Flori	da
	City , FIGH	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

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				
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action	
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			□ Change	
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Effective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	be specific and cannot be prior to ck does not meet the applicab	date of filing or more than 90 ole statutory filing requirem	_ (optional) days after filing.) Pursuant to ents, this date will not be	605.0207 (3)(b) listed as the
ne record specifies a delayed The 90th day after the reco		an effective time, at 1	2:01 a.m. on the ea	rlier of:
Dated April 24	, 2017			
Salvatore Ma	ita Jr. iignatur of a member or authori	and response the second		-
`	orginature of a member of authori	zed representative of a membe	ı	

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Filing Fee: \$25.00