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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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## **COVER LETTER**

TO:		istration Se ision of Cor			
SUBJ	гст.	Bay Drive I	Enterprises, LLC.		
SODJ	ECI:				
The er	nclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return	all correspon	ndence concerning this matter	to the following:	
			Jamie Klingman		
			<u></u>	Name of Person	
			Urban Phoenix Studios		
				Firm/Company	
2002 5th Ave E, Unit 103					
			<del></del>	Address	<del></del>
			Tampa, FL 33605		
			jamieklingman@me.com	City/State and Zip Code	
			E-mail address: (t	to be used for future annual report notifi	cation)
For fu	rther ir	nformation co	oncerning this matter, please ca	all:	
Jamie	Kling			813 230-7555 at ()	
		Name of	Person	Area Code Daytime	Telephone Number
Enclos	sed is a	check for th	e following amount:		
<b>■</b> \$2	25.00 F	iling 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

## TO ARTICLES OF ORGANIZATION OF

Bay Drive Enterprises, LLC.		
(Name of the Limited Liability Compa (A Florida Limited l	ny as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Urban Phoenix Studios, LLC.		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2002 5th Ave E	····
Principal office address MUST BE A STREET ADDRESS)	Tampa, FL 33605	
· · · · · · · · · · · · · · · · · · ·		
		72. 5
Onton nove mailing address if applicables	2002 5th Ave E	
Inter new mailing address, if applicable:	Tampa, FL 33605	<u>w</u>
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:		ecords, enter the name of the
New Registered Office Address:	Enter Florida street	address
	, Floric	
	City	Zip Code
law Dagistagad Agant's Signatura it shanging Dagistagad Agant.	•	
ew Registered Agent's Signature, if changing Registered Agent:		y. I further agree to comply with

If Changing Registered Agent, Signature of New Registered Agent

## 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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E. Effectiv	e date, if other than the date of filing:	(optional)	
(If an effec	ctive date is listed, the date must be specific and cannot be prior to date of filing or more	than 90 days after filing.) Pursuant to 6	05.0207 (3)(b)
docume	f the date inserted in this block does not meet the applicable statutory filing rent's effective date on the Department of State's records.	equirements, this date will not be li	sted as the
docume	in a cricetive date on the Department of State a records.		
If the reco	ord specifies a delayed effective date, but not an effective tim	e, at 12:01 a.m. on the ear	lier of:
(b) The	90th day after the record is filed.		
Dated	11/12 , 2015 .		
Daica _	· · · · · · · · · · · · · · · · · · ·		
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	Signature of a member of authorized representative of	£	
	manufactor of a member of audiorized representative of	a member	and.
	Jamie Klingman	ASS.	GCC:r=:
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	Typed or printed name of signee	hig. P	1 7 TT T
		1 17	\$ · · ·
	Page 3 of 3		•
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Filing Fee: \$25.00