

L1300088945
 Florida Department of State
 Division of Corporations
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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : NORTON, HAMMERSLEY, LOPEZ & SKOKO, P.A.
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Corporation@nhls.law.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 BAYFRONT ASSOCIATES, LLC**

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OCT 11 2017

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BAYERONT ASSOCIATES, 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:

Todd Pulvino
Name of Person

Firm/Company

4401 MANGROVE PLACE
Address

SARASOTA, FL 34242
City/State and Zip Code

tpulvino@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Todd Pulvino
Name of Person

at (847)
Area Code

912-2328
Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
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|---|--|--|--|

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

BAYFRONT ASSOCIATES, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/19/13 and assigned Florida document number L13000088945.

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 "L.L.C."

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)

4401 Mangrove PL

Sarasota, FL 34242

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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

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>	<u>Type of Action</u>
<u>MGR</u>	<u>COLLEEN GREGAN</u>	<u>39 BAUER PLACE EXT</u>	<input type="checkbox"/> Add
		<u>WESTPORT, CT 06880</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR/</u> <u>AMBR</u>	<u>TADD PULVINO</u>	<u>4401 MANGROVE PLACE</u>	<input checked="" type="checkbox"/> Add
		<u>SARASOTA, FL 34242</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MBR</u>	<u>KATHLEEN PULVINO</u>	<u>4401 MANGROVE PLACE</u>	<input checked="" type="checkbox"/> Add
		<u>SARASOTA, FL 34242</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: 10/15/17 (optional)

(If an effective 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 605.0207 (3)(b)

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.

Dated 10/4/17

Signature of a member or authorized representative of _____

COLLEEN Grogan
Typed or printed name of signee