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4 STAYOFS MAY 21 2014

#### **COVER LETTER**

TO: Registration Section **Division of Corporations** 

BAY STREET PORTFOLIO 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:

JOSEPH DAVID MCMURDY
Name of Person
Firm/Company
10805 SIERRA VISTA PLACE
Address
TAMPA FL 33626

City/State and Zip Code

JDMCMURDY@HOTMAIL.COM

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

For further information concerning this matter, please call:

# JOSEPH DAVID MCMURDY

Name of Person

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) □ \$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

### **BAY STREET PORTFOLIO 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 Compan	y were filed on SEPTEMBER	R 13, 2013 and assigned
Florida document number L13000129786	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
H. GOMEZ FAMILY BRANDS LLC		
The new name must be distinguishable and end with the words "Limited Li	ability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		$C_{+-}$
(Principal office address MUST BE A STREET ADDRESS)		ASS 7
	-	200 - Mar. 4413
T) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (		66 a F
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		172 N
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent:	office address on our recorde <u>re</u> :	is, enter the name of the new
New Registered Office Address:	Enter Florida street addre	ss
	F	lorida
	City	lorida Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performance of my duties, a s provided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is

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>:

MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
	·		Remove
			Add
			☐ Remove
	-		Add
			□ Remove
		-	
<del></del>	<u>.</u>		Add
		-	□ Remove
	· · · · · · · · · · · · · · · · · · ·		Add
			Remove
			Add
			☐ Remove

D.	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)			
Е.	Effective date, if other than the date of filing:(optional) (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)			
	Dated May 10th, 2014.			
	- Cuchushi			
	Signature of a member or authorized representative of a member  JOSEPH DAVID MCMURDY			
	Typed or printed name of signce			

Page 3 of 3

Filing Fee: \$25.00

