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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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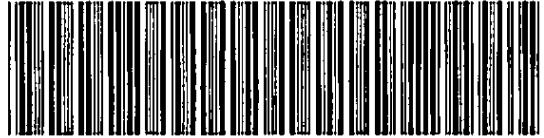
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BAY CENTRAL 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:

JOHN P. ANTONUCCI

Name of Person

Firm/Company

2001 TANGLEWOOD DR

Address

SARASOTA, FL. 34239

City/State and Zip Code

JPANTO@AOL.COM

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

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TALLAHASSEE, FL.

For further information concerning this matter, please call:

JOHN ANTONUCCI, TRUSTEE

941 914 5022
at ()

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)

☐ \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BAY CENTRAL 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 12/31/2013 and assigned Florida document number 1.13000178473.

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)

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:

John Antonucci

New Registered Office Address:

2001 Tanglewood Drive

Enter Florida street address

Sarasota

City

Florida 34239

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.

DocuSigned by:

John Antonucci

FD086E787C4D482

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>
MGR	JOHN ANTONUCCI, TRUSTEE	2001 TANGLEWOOD DR	<input type="checkbox"/> Add
		SARASOTA, FL 34239	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	ANGELA ANTONUCCI, TRUSTEE	2001 TANGLEWOOD DR	<input type="checkbox"/> Add
		SARASOTA, FL 34239	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

THE SOLE MEMBER OF THE LLC IS THE ANTONNUCCI FAMILY TRUST UAD 5/24/22 WITH 100%
MEMBERSHIP INTERESTS. THE CURRENT TRUSTEES OF THE MEMBER ARE JOHN ANTONUCCI
AND ANGELA ANTONUCCI, OR EITHER OF THEM. THE SUCCESSOR TRUSTEE IS LINDSEY SNOW.
LINDSEY SNOW HAS POWER OF ATTORNEY TO ACT ON BEHALF OF THE TRUSTEES WITH REGARD
TO BAY CENTRAL LLC.

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TALLAHASSEE, FL

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E. Effective date, if other than the date of filing: _____ (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: (a) The date of filing or (b) The 90th day after the record is filed.

Dated OCTOBER 17

2022

DocuSigned by:

John Antonucci

Signature of a member or authorized representative of a member

JOHN ANTONUCCI, CO-TRUSTEE OF THE ANTONUCCI FAMILY TRUST UAD 5.24.22

Typed or printed name of signee