

L14000036758

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

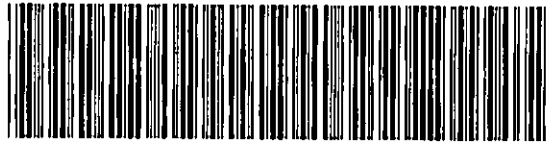
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DEC 19 2018



CERTIFIED FINANCIAL PLANNER  
REGISTERED INVESTMENT ADVISER

December 6, 2018

FLORIDA DEPARTMENT OF STATE  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

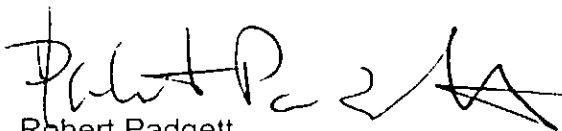
Dear Sir and/or Madam:

Please find enclosed our updated Articles of Organization changing our physical and mailing address. These changes were necessitated by damage to my former office from Hurricane Irma. Despite months of attempted repairs, the space is no longer viable.

Please also find enclosed our check for \$25.00 for the filing fee.

If you have any questions about this change, please don't hesitate to contact me.

Thank you,

  
Robert Padgett

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**TO: Registration Section  
Division of Corporations**

BAYSHORE FINANCIAL SERVICES PLLC

**SUBJECT:** \_\_\_\_\_  
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:

ROBERT H. PADGETT

\_\_\_\_\_  
Name of Person

BAYSHORE FINANCIAL SERVICES, PLLC

\_\_\_\_\_  
Firm/Company

290 WOODS AVENUE

\_\_\_\_\_  
Address

TAVERNIER, FL 33070

\_\_\_\_\_  
City/State and Zip Code

HUNTER@INVESTMENTKEYS.COM

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

For further information concerning this matter, please call:

ROBERT H. PADGETT

305 240-2265

\_\_\_\_\_  
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/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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**ARTICLES OF ORGANIZATION  
OF**

BAYSHORE FINANCIAL SERVICES PLLC

\_\_\_\_\_  
(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 MARCH 5, 2014 and assigned  
Florida document number 11-4000036758

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 "LLC."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

\_\_\_\_\_  
290 WOODS AVENUE

\_\_\_\_\_  
TAVERNIER, FL 33070P

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

\_\_\_\_\_  
P.O. BOX 1610

\_\_\_\_\_  
TAVERNIER, FL 33070

**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

\_\_\_\_\_  
City

\_\_\_\_\_  
Florida

\_\_\_\_\_  
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

**MGR = Manager**  
**AMBR = Authorized Member**

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DECEMBER 6, 2018

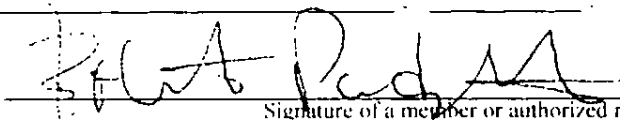
**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(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:  
(b) The 90th day after the record is filed.

Dated DECEMBER 6 2018

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

ROBERT H. PADGETT

\_\_\_\_\_  
Typed or printed name of signee