

21460004223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

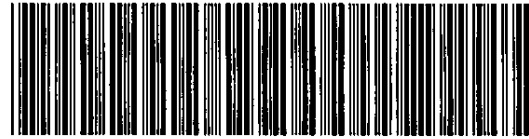
(Business Entity Name)

(Document Number)

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2014 AUG 26 PM 4: 29
CLERK OF STATE
TALLAHASSEE, FLORIDA

SEP 02 2014
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Baystar Finance, 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:

Kyle McLaughlin

Name of Person

Baystar Holdings, LLC

Firm/Company

2120 River Reach Drive Apt. 11

Address

Naples, FL 34104

City/State and Zip Code

Kyle.mc@me.com

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

For further information concerning this matter, please call:

Kyle McLaughlin

Name of Person

at **239 641-1892**

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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2014 AUG 26 PM 4:29
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Baystar Finance, 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 03/13/2014 and assigned Florida document number L14000042223.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Baystar Holdings, LLC

The new name must be distinguishable and end with 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)

2120 River Reach Drive

Apt. 11

Naples, FL 34104

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2120 River Reach Drive

Apt. 11

Naples, FL 34104

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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:

Kyle D McLaughlin

New Registered Office Address:

2120 River Reach Drive Apt. 11

Enter Florida street address

Naples

City

Florida 34104

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	Kyle D McLaughlin	473 12th Avenue South	<input type="checkbox"/> Add
		APT. B9	<input checked="" type="checkbox"/> Remove
		Naples, FL 34102	
MGR	Kyle D McLaughlin	2120 River Reach Drive	<input checked="" type="checkbox"/> Add
		Apt. 11	<input type="checkbox"/> Remove
		Naples, FL 34104	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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PALM BEACH COUNTY, FLORIDA

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

Summary of amendments -

Limited Liability Company name

Limited Liability Company principal address

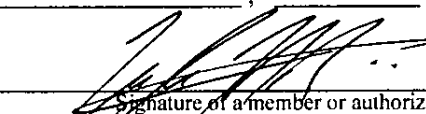
Limited Liability Company mailing address

Registered Agent/Authorized Person address

E. 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 August 12th, 2014



Signature of a member or authorized representative of a member

Kyle D McLaughlin

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA