44000044351

(Re	questor's Name)	
(Ade	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
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SECRETARY OF STATES

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COVER LETTER

то:	Registration Sec Division of Cor		•	,
CI ID I	BAY	33,LLC		
SUBJ	EC1:	Name of Lim	ited Liability Company	·····
The en	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Robert B. W	ebb III	
			Name of Person	
		BAY 33,LLC	•	
			Firm/Company	
		11483 77th	Avenue	
			Address	
		Seminole, F	lorida 33772	
			City/State and Zip Code	
		vwebb59@yahoo).COM to be used for future annual report notif	(ication)
For fu	urther information c	oncerning this matter, please of	·	in Carron y
Ro	bert Wel	ob III	, 727 637-4	132
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclo	sed is a check for the	ne 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 33,LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records Liability Company)	.)
The Articles of Organization for this Limited Liability Compan Florida document number L14000044351	y were filed on 3/17/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and end with the words "Limited Lia	ability 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)		A SE
		CRE CRE
		\$\$ \frac{1}{2}
Enter new mailing address, if applicable:		SE O
Mailing address MAY BE A POST OFFICE BOX)		
		STATE S
		A O
3. If amending the registered agent and/or registered		enter the name of the r
egistered agent and/or the new registered office address he	<u>re</u> ;	
Name of New Registered Agent:		
New Registered Office Address:		
<u> </u>	Enter Florida street address	
	, Flo	rida
	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 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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Robert B. Webb III	11483 77th Avenue	🖼 Add
		Seminole, FL 33772	□ Remove
AMBR	Robert B. Webb III	11483 77th Avenue	 ■ Add
		Seminole, FL 33772	□ Remove
		 -	Add CCR Permove
			25 PM L. 45 ARY OF STATE
			□ Remove
			Add
			□ Remove
			Add
			Remove

D.	If ame	nding any other inf	ormation, enter o	:hange(s) here	: (Attach additional s	sheets, if necessary.)	∼.
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È.		ve date, if other that ctive date must be specific this document is filed by			ed date and cannot be mor	(optional) re than 90 days after	
	Dated	7/23		2014			
			fre to	alt			
		Robert B.			rized representative of a r	nember	
			<u> </u>	Typed or printe	d name of signee		

Page 3 of 3

Filing Fee: \$25.00