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S. WARREN AUG 1 8 2017

## **COVER LETTER**

	gistration Sec rision of Corp				
SUBJECT:		BAY PARTNERS IV, LLC.			
SWIME I		Name of Limi	ited Liability Company		
The enclosed	d Articles of a	Amendment and fee(s) are sub-	mitted for filing.		
Please return	i all correspo	ndence concerning this matter	to the following:		
		SUZIE PIERCE			
	Name of Person				
	MADEIRA BAY PARTNERS IV, LLC				
	Firm/Company				
	2325 ULMERTON ROAD SUITE 20				
Address					
		CLEARWATER, FL 3370	62		
		SUZIE@BULLARDGROU E-mail address: ()	to be used for future annual report notific	ration)	
For further i	nformation co	oncerning this matter, please co	ıll:		
SUZIE PIEI	RCE		727 576-6424		
	Name of	Person	at () Area Code Daytime	Telephone Number	
Enclosed is	a check for th	e following amount:			
□ \$25.00 F	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

MADEIRA BAY PARTNERS IV			
(Name of the Lim	ited Liability Company as it (A Florida Limited Liability	now appears on our records. Company)	<del>,</del>
he Articles of Organization for this Limited I	Liability Company were f	iled on 4/17/14	and assigned
lorida document number L14000059846			
/	······································		
his amendment is submitted to amend the fol	llowing:		
. If amending name, enter the new name	of the limited liability co	ompany here:	
he new name must be distinguishable and contain the	words "Limited Liability Com	pany," the designation "LLC" (	or the abbreviation "L.IC."
nter new principal offices address, if appli	icable:		
Principal office address MUST BE A STRE	ET ADDRESS)		
Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE			
If amending the registered agent and gistered agent and/or the new registered of		duress on our records,	enter the name of the
Name of New Registered Agent:	PETER D GRAHAM		<u> </u>
New Registered Office Address:	5200 CENTRAL AVE	NUE	
<del></del>		Enter Florida street address	90 =
	ST. PETERSBURG	, Flor	ida <sup>33707</sup> - ω
	Cit	<del></del>	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 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>	Address	Type of Action
MGR	SAM J LEWIS	559 LAKEVIEW CIRCLE	
		MT. JULIET, TN 37122	Remove
			■ Change
MGR	FRED B BULLARD JR	2325 ULMERTON RD STE 20	🗏 Add
		CLEARWATER, FL 33762	Remove
			Change
			□ Remove
			☐ Change
		<del>-</del>	□ Add
			Remove
		<del></del>	☐ Change
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ctive date, if other than the dat	specific and cannot be prior does not meet the application.	to date of filing or more t able statutory filing rec	han 90 days after filing.)	Pursuant to 605 will not be liste
effective date is listed, the date must be a If the date inserted in this block of ment's effective date on the Depart ecord specifies a delayed effective.	fective date, but no		e, at 12:01 a.m. c	on the earlie
effective date is listed, the date must be seen the date inserted in this block of ment's effective date on the Department's effective date and elayed effective day after the record	fective date, but no		e, at 12:01 a.m. c	on the earlie
effective date is listed, the date must be seen the date inserted in this block of ment's effective date on the Department's effective date and elayed effective day after the record	fective date, but no is filed.		e, at 12:01 a.m. c	17
effective date is listed, the date must be a first the date inserted in this block of ment's effective date on the Department's effective date of the Depart	fective date, but no is filed. 2017	t an effective time		on the earlie
effective date is listed, the date must be a first the date inserted in this block of ment's effective date on the Department's effective date of the Depart	fective date, but no is filed.	t an effective time		17
effective date is listed, the date must be set. If the date inserted in this block of iment's effective date on the Department's effective date on the Department's pecifies a delayed efficie 90th day after the record day.	fective date, but no is filed.  2017  autore of a member or authorized.	t an effective time		17

Filing Fee: \$25.00