## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CHRISTOPHER K. CASWELL, F.A.

Account Number : 105205003431 Phone : (941)366-7727 Fax Number : (941)366-7478

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

casuellegal com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PINE BAY DRIVE HOLDINGS, LLC

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110V 1 3 2014

T. HAMPTON

11/11/2014

11/11/2014 02:02

## TO:18506176383 FROM: 9413667478 ARTICLES OF AMENDMENT TO

## ARTICLES OF ORGANIZATION OF

Page:

3

Pine Bay Drive Holdings, LL				二	5
(Name of the Limite)	I Liability Compa A Florida Limited	iny as it now appears on o Liability Company)	ur records.)	CRETAS CRETAS	- 
The Articles of Organization for this Limited Lia Florida document number <u>L14000070412</u> This amendment is submitted to amend the follow	·	were filed on May 1	, 2014	and assigned	10 Hz 7: 48
A. If amending name, enter the new name of	the limited liab	oility company here:			
The new name must be distinguishable and end with the w	ords "Limited Liab	pility Company," the design	ation "LLC" or the abbi	reviation "L.L.C."	<del></del>
Enter new principal offices address, if applica	ble:	1396 Harbor Dri	ve		
Principal office address MUST BE A STREET		Sarasota, FL 34	239		
•					
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE B	ovi	1396 Harbor Dri	ve		<del></del>
maning united MAT BUATOST OFFICE B	<u>077</u>	Sarasota, FL 34			<del></del>
3. If amending the registered agent and/or egistered agent and/or the new registered off  Name of New Registered Agent:  New Registered Office Address:	Chris Casw	<u>e</u> :		e name of th	ie new
	<u></u>	Enter Florida str	eet address		
	Sarasota		, Florida <u>3423</u>	36	
		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 hability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

MGR = AMBR =	Manager Authorized Member			
<u>Title</u>	<u>Name</u>		Address	Type of Action
		<u> </u>		□ Add
				□ Remove
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				Add
				<del></del>

2. Change Mary Sims ad	dress to: 1396 Harbor Drive, Sarasota FL 34239
(did not use section abov	e for these changes as this person is not being
'added' or 'removed', just	changing title and address)
ffective date, if other than the dat	te of filing:(optional)
ffective date, if other than the dat he effective date must be specific, cannot be he date this document is filed by the Florida	e prior to date of receipt or filed date and cannot be more than 90 days after
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he effective date must be specific, cannot be he date this document is filed by the Florida dated November 11	e prior to date of receipt or filed date and cannot be more than 90 days after a Department of State)  2014
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ne effective date must be specific, cannot be the date this document is filed by the Florida ated November 11  Sign	e prior to date of receipt or filed date and cannot be more than 90 days after a Department of State)

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SECRETARY OF STATE