

L14000161806

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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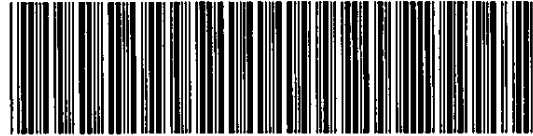
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
16 JUL -7 PM 3:08

JUL 08 2016

S. YOUNG

Bayview Capital Holdings, LLC

7413 Acorn Way

Naples, FL 34119

239-877-7214

Re: Bayview Capital Holdings, LLC Amendment

To whom it may concern,

The above letterhead address and phone number may be used to send/contact us regarding the letter of acknowledgement.

Thank you,


Craig Turner
MGR/AMBR

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bayview Capital Holdings, 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:

Deborah LaPierre
Name of Person

Bayview Capital Holdings, LLC
Firm/Company

7413 Acorn Way
Address

Naples FL 34119
City/State and Zip Code

deblapierre @ comcast.net
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

same at (239) 877-7214
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

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

Bayview Capital Holdings, 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 10/16/14 and assigned Florida document number L14000161806.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

7413 Acorn Way
Naples FL 34119

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7413 Acorn Way
Naples FL 34119

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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:

Deborah LaPierre

New Registered Office Address:

7413 Acorn Way

Enter Florida street address

Naples

City

, Florida

34119

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.

Deborah A. LaPierre

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Robert G Stahl, Sr	4919 Cerromar Dr	<input type="checkbox"/> Add
		Naples FL 34112	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR AMBR	Deborah A LaPierre	7413 Acorn Way	<input checked="" type="checkbox"/> Add
		Naples FL 34119	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR AMBR	Craig Turner	1252 Henderson Creek Dr Lot 10	<input checked="" type="checkbox"/> Add
		Naples FL 34114	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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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 JULY 5, 2016

Signature of _____

Craig Turner

Typed or printed name of signee