14000177652

| (Re | equestor's Name) | |
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| (Ad | ldress) | |
| (Ad | dress) | |
| (Ĉit | ty/State/Zip/Phone | #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only





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22 AUG 15 PH 12: 56

COVER LETTER

TO:

Registration Section

| Division of Co | rporations | | | | |
|---|--|--|--|--------------------|-----------------------|
| STUCCO SUBJECT: | BY THE BAY LLC | | | | |
| SOBJECT: | Name of Lim | ited Liability Company | | | |
| Physical Aminhas | C | and the file of the co | | | |
| | (Amendment and fee(s) are sub | • | | | |
| Please return all corresp | ondence concerning this matter | to the following: | | | |
| | RICHARD REED | | | | |
| | | Name of Person | | | |
| | STUCCO BY THE BAY I | LC | | | |
| | | Firm/Company | | | |
| | 1903 CHERRY ST | | | 22 AI | |
| | | Address | | <u> </u> | (조) 당: |
| | PANAMA CITY , FL 3240 | н | | 22 AUG 15 PH12: 56 | TAINER OF CONTONATION |
| | - | City/State and Zip Code | · · · · · · · · · · · · · · · · · · · | 12: | |
| | RICHYREED.RR@GMAII | | | 56 | |
| | | to be used for future annual report note | fication) | | |
| For further information | concerning this matter, please co | all: | | | |
| RICHARD REED | | 434 688-6619 at () | | | |
| Name | of Person | Area Code Daytime | e Telephone Number | | |
| Enclosed is a check for t | the following amount: | | | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed) | ☐ \$60.00 Filing Fe Certificate of \$1 Certified Copy (additional copy is a | atus & | |
| Mailing Addre Registration Division of O P.O. Box 63 Tallahassee, | Section Corporations 27 | Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroo Tallahassee, FL | porations allahassee e Street, Suite 810 | | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (<u>Name of the Limited Liabili</u> (A Florid | ity Company as it now appears on our records.) a Limited Liability Company) | | | | |
|---|---|--------------------------|--|--|--|
| (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | , | | | | |
| The Articles of Organization for this Limited Liability C | | and assigned | | | |
| Florida document number L14000177652 | | | | | |
| | | | | | |
| This amendment is submitted to amend the following: | | | | | |
| A. If amending name, enter the new name of the lim | ited liability company here: | | | | |
| | | | | | |
| The new name must be distinguishable and contain the words "Lin | nited Liability Company," the designation "LLC" or t | he abbreviation "L.L.C." | | | |
| Enter new principal offices address, if applicable: | | | | | |
| • • • | n n a a | | | | |
| (Principal office address MUST BE A STREET ADDI | <u> </u> | N 5 | | | |
| | | | | | |
| | | ਨ ** | | | |
| Enter new mailing address, if applicable: | | У 📆 | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | 7 | | | |
| Training warrens to the training of the training | | 72 | | | |
| | | | | | |
| B. If amending the registered agent and/or registere | d office address on our records, enter the | name of the new regist | | | |
| gent and/or the new registered office address here: | d office address on our records, enter the | name of the new regist | | | |
| | | | | | |
| Name of New Registered Agent: | | | | | |
| Tank vi New Hegineren Hegin | | | | | |
| New Registered Office Address: | | | | | |
| | Enter Florida street address | | | | |
| | , Florida | l | | | |
| | City | Zip Code | | | |

New Registered Agent's Signature, if changing Registered Agent:

STUCCO BY THE BAY LLC

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> | Name | Address | Type of Action |
|--------------|--------------|--|---|
| VP | PATRICK REED | 1903 CHERRY ST. PANAMA CITY , FL 32401 | |
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| Effective date, if other than the date of filing: (optional) Far effective date is fised, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. Pursuant to 605.0207 Sing: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be fisted as document's effective date on the Department of State's records. Executed 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 date fixed. Signature of a member or authorized representative of a member | | | | | | | | | _ |
|--|---|--|--------------------------------------|------------------------------------|---|---------------------|--|-------------------|--------------------|
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| Signature of a member or authorized representative of a member | Dated 8/1 | 11/2022 | · . | | | | | | |
| Signature of a themsel of authorized representative of a member | $\langle \chi \rangle$ | rubt | M | | | | | | |
| | \ | C: | | | | | | | |