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(Re	equestor's Name)	
(Ad	ldress)	
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COVER LETTER

	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	David Rodrigues, CPA		
	,	Name of Person	
	David Rodrigues, CPA, PA	.	
		Firm Company	 _
	101 N Missouri Ave		
		Address	
	Clearwater, FL 33755		
	drodrigues123@yahoo.com		
		to be used for future annual report noti	fication)
For further information of	oncerning this matter, please ea	all:	
David Rodrigues, CPA		727 439-0089 at ()	
Name o	Person		ne Telephone Number
Enclosed is a check for th	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 tadditional copy is enclosed

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

CLEARWATER BAY CLUB, LLC,

2019/ 28 /1/10:13

(Name of the Lim	ited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) spany)	
The Articles of Organization for this Limited I Florida document number <u>L14000183035</u>	Liability Company were filed	on 11/26 2014	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability comp	any here:	
CLEARWATER BAY CLUB, LLC			
The new name must be distinguishable and contain the	words "Limited Liability Company	"," the designation "LLC" or	the abbreviation "L.L.C."
(Principal office address MUST BE A STRE Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE			
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent: New Registered Office Address:	<u>.</u>	ess on our records, <u>c</u>	nter the name of the
the ineginated variety address.	En	ter Florida street address	
	CLEARWATER	ra	33767

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.

Cin

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records: MGR = Manager AMBR = Authorized Member Type of Actio **Address** <u>Title</u> Name | Oldham, Toby 667 Bay Esplanade MGR □ Add CLEARWATER, FL 33767 **■** Remove Change 667 Bay Esplanade Kelley, Kirsten MGR **■** Add CLEARWATER, FL 33767 □ Remove ☐ Change The Estate of Gregory A. Oldham 667 Bay Esplanade AMBR **■** Add CLEARWATER, FL 33767 ☐ Remove ☐ Change \square Add ☐ Remove _□ Change □ Add □ Remove

Change

□ Add

☐ Remove

☐ Change

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an ette ote: 1	re date, if other than the date of filing:
e reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated _	August 19 2019
	1/00
	Kustukelly MGR Signature of a member futhorized representative of a member

Page 3 of 3

Filing Fee: \$25.00