L14000195795

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SECRETARY OF STATE

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COVER LETTER

TO:	Registration Se Division of Cor		, **	4.
		Bash-May, LLC		
SUBJE	СТ:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please n	eturn ali correspo	ondence concerning this matter	to the following:	
		Jeffery L. May		
			Name of Person	
		Denise M. Bash-May, LLC	C	
			Firm/Company	
		135 Winston Ct.		
			Address	
		Saint Johns, FL 32259		
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
		jlmayrealtor@gmail.com		
		·	to be used for future annual report not	ification)
For furth	her information c	oncerning this matter, please ca	ali:	
Jeffery	L. May		904 814-3307	
	Name o	f Person		ne Telephone Number
Enclose	d is a check for tl	he following amount:		
≣ \$25	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S		<u>Street Address:</u> Registration Se	ection
_		Corporations	Division of Co	rporations

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Denise M. Bash-May, LLC

(Name of the Limited Liabil (A Florid	ility Company as da Limited Liabilit	t now врреатя од оц y Company)	records.)	
The Articles of Organization for this Limited Liability	Company were	filed on 12/29/2014	4	and assigned
Florida document number L14000195795				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	mited liability o	ompany here:		
Jeffery L. May, LLC				
The new name must be distinguishable and contain the words "Lin	imited Liability Co	mpany." the designation	on "LLC" or the abbre-	viation "L.L.C."
Enter new principal offices address, if applicable:	·		က္	205
(Principal office address MUST BE A STREET ADD	ORESS)		28	<u>≅</u>
			F = 2	
			SAS I	_ m
Enter new mailing address, if applicable:	. 			E 0
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	75	<u> </u>
				
B. If amending the registered agent and/or registere agent and/or the new registered office address here: Name of New Registered Agent:		ss on our records,	, <u>enter the name o</u>	f the new registered
			-	
New Registered Office Address:		Enter Florida stree	et address	
			, Florida	
	C	Nty .		Zip Code
New Registered Agent's Signature, if changing Register	red Agent:			
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	complete perfo agent as provi red office addr	ormance of my dud ded for in Chapter	ties, and I am fam r 605, F.S. Or, if t	iliar with and his document is

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
			□ Add
			□Remove
			Change
			□Remove
		<u> </u>	Change
			□Remove
			Change
			
			□ Remove
			□Change
			
			□Remove
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		· · · · · · · · · · · · · · · · · · ·	□Add
			□Remove
			□Change

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	Dated	07/11 , 2623.
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