L15000006815

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	⇒ #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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ETHIC TO YAM BIOMAGE

COVER LETTER

TO: Registration So Division of Cor			
SUBJECT:		INVESTMENTS	uc
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	TWHEO	SOLIVITINI	
		Name of Person	
	New Bay	INVESTMENTS	uc
		Firm/Company	
	P.O. Bo	× 191862 Address	
		Address	
	MIAMI	BEACH, FL City/State and Zip Code	33(39
	_	ON GROUP FSTA	
For further information c	oncerning this matter, please ca	all:	
MITEO	SOLD TINI f Person	at (<u>786</u>)	536-2 Tes
Name o	f Person	Area Code	Daytime Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &

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

New Bay 1	nvestmen	<u> </u>	uc				
(Name of the Limited) (A	∟ iability Compan Florida Limited Li	y as it no ability Co	w appears on o ompany)	ur records.			
The Articles of Organization for this Limited Liabi		were file	ed onO	1/13/2	015 ar	d assigned	
Florida document number <u>L 15000006</u>	<u> 845</u> .						
This amendment is submitted to amend the following	ng:						
A. If amending name, enter the new name of th	<u>e limited liabil</u>	lity com	pany here:				
The new name must be distinguishable and contain the words	s "Limited Liabilit	ty Compa	ny," the designa	tion "LLC" or t	he abbreviati	on "L.L.C."	
Enter new principal offices address, if applicabl	e:		1330	-15 tu	Sr		
(Principal office address MUST BE A STREET A	(ADDRESS)						
			72	3139	r		
Enter new mailing address, if applicable:		P.	O. BON	(191	1862		
(Mailing address MAY BE A POST OFFICE BO	<u>(X)</u>		(IAM)				_
	_						
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	e address here:		lress on our		ter the n	ame of the n	<u>iew</u>
•					22	F grows	
New Registered Office Address:	<u>-1</u>	539	(STH S	oot address	<u> </u>	3	
	Var.				(A)	7 carner	
-	ואמא	Sitv	ICH	, Florida	1 <u> </u>	1639	
New Registered Agent's Signature, if changing Regi	istered Agent:	O.I.y			Sec. Pro	жис	
			to 41 t	' 16 d	,	1 1.1	. 1
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as register being filed to merely reflect a change in the reg company has been notified in writing of this change in the region of the company has been notified in writing of the change in	and complete pred agent as pristered office cange.	perform rovided address	ance of my a for in Chapt	luties, and I er 605, F.S. nfirm that th	am familia Or, i f this	r with and document is iability	ne
			\" "				

Page 1 of 3

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** MGR RYD RENTALS LL P.O. BOX 491862 _ Add MAMI BEACH, FL 33139 _□ Remove Change □ Add ☐ Remove ☐ Change _□ Add ☐ Remove _□ Change □ Add ☐ Remove _□ Change _□ Add ☐ Remove _ Change □ Add ☐ Remove ☐ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	A STATE OF THE STA
fect	ive date if other than the date of filing:
in eii ote:	fective 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 605.02 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be distinct the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be distinct the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be distinct.
cum	nent's effective date on the Department of State's records.
rec	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the earlier
,,,,	s your day after the record is med.
ated	04/29 7615
	- Wore Day
	Signature of a member or authorized representative of a member
	MITTED SOLINTINI
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00