L15000089678

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COVER LETTER

TO: Registration Se Division of Cor	porations				
	INSTALLATION AND SERV	ИСЕ, LLC			
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and feets) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Kathy L. Woodford				
		Name of Person			
	Bay Gas Installation and S	ervice, LLC			
PO Box 1363					
		Address	· · · · · · · · · · · · · · · · · · ·		
	Lynn Haven, FL 32444				
		City/State and Zip C	ode	- 	
	fwoodford63@gmail.com				
For further information of	E-mail address: (concerning this matter, please c	to be used for future an all:	nual report notifi	cation)	
Kathy L. Woodford		850	896-0556		
Name c	of Person	Area Code	Daytime	Telephone Number	
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Certified Cop (additional copy	y	\$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed	
Mailing Addre			et Address:	tion	
Registration Section Division of Corporations			Registration Section Division of Corporations		
P.O. Box 632	27		The Centre of Tallahassee		
Tallahassee.	2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21 SEP 10 PH 12: 08

Bay Gas Installation and Services, 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 $\frac{5}{2}$	20/2015 and assigned
Florida document number £15000089678	·	
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company h	<u>ere</u> :
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 appl	icable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
	·-	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	<u> </u>	
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 addr		
Name of New Registered Agent:	Kathy L. Woodford	
New Registered Office Address:	4825 E HWY 388	
	Enter Fle	rida street address
	YOUNGSTOWN	, Florida <u>32466</u>
	City	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.

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

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<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Kathy L. Woodford	4825 E. HWY 388, YOUNGSTOWN, FL 32466	
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
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f amending any other information, enter chang	etal never tandon	Also de	
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Effective date, if other than the date of filing: fan effective date is listed, the date must be specific and cann Note: If the date inserted in this block does not meet to document's effective date on the Department of State'	he applicable statut	iling or more than 90 da	(optional) nys after filing.) Pursuant to 605,0207 nts, this date will not be listed as:
record specifies a delayed effective date, but not an ed is filed.	ffective time, at 12:	01 a.m. on the earlie	r of: (b) The 90th day after the
Dated AUGUST 31.	21		
)() () ()		
Signature of a memb	per or authorized repre	esentative of a member	<u> </u>

Filing Fee: \$25.00