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SECRETARY OF STATE TALLAHASSEE. FLORID

COVER LETTER

	gistration Section vision of Corporations	
SUD IECT	TBAY SOLUTIONS, LLC	
SOBJECT	Name of Limited Liability Company	
TBAY SOLUTIONS, LLC SUBJECT:		
Please retu	n all correspondence concerning this matter to the following:	
	Division of Corporations BJECT: TBAY SOLUTIONS, LLC Name of Limited Liability Company e enclosed Articles of Amendment and fee(s) are submitted for filing. ase return all correspondence concerning this matter to the following: SANDRA MAMMEN Name of Person TBAY SOLUTIONS LLC Firm/Company 224 MESSINA PLACE Address HOWEY IN THE HTILLS FL 34737 City/Stafe and Zip Code SGB diapercakes @ GMML, COM E-mail address: (to be used for future annual report notification) r further information concerning this matter, please call: SANDRA MAMMEN Name of Person at 407 Area Code Daytime Telephone Number closed is a check for the following amount: \$25.00 Filing Fee Certificate of Status & Certified Copy Certificate of Status & Certifi	
	TBAY SOLUTIONS LLC	f Status & py
	Address	Name of Limited Liability Company mendment and fee(s) are submitted for filing. lence concerning this matter to the following: SANDRA MMEN Name of Person TBAY SOLUTIONS LLC Firm/Company 224 MESSINA PLACE Address HOWEY IN THE HILLS FL 34737 City/State and Zip Code SGB in percakes @ GMAIL, COM E-mail address: (to be used for future annual report notification) cerning this matter, please call: MAMMEN at 407 721 - 1900 Area Code Daytime Telephone Number following amount: \$\int \$30.00 \text{ Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \$\int \$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)} Certified Copy Certified Copy
	HOWEY IN THE HILLS FL 34737 City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For furthe	information concerning this matter, please call:	
	ANDRA MAMMEN at (407) 721 - 1900 Name of Person Area Code Daytime Telephone Number	_
Enclosed	a check for the following amount:	
\$25.0	Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy	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

TBAY SOLUTIONS, LLC		
(Name of the Limited Liabi (A Flori	lity Company as it now appears on our records da Limited Liability Company)	<u>)</u>
The Articles of Organization for this Limited Liability Florida document number L15000125093	Company were filed on 07/22/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		8
(Principal office address MUST BE A STREET ADD	PRESS)	EB AHAS
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	-	SEE. FLORIDA
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	orida
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MAMMEN, KEITH A	224 MESSINA PLACE	
		HOWEY IN THE HILLS FL 34737	■ Remove
			☐ Change
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ocument's effective date on the Department of State's records.	t to 605.0 be listed
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the The 90th day after the record is filed.	earlier
ated 2 14 , 2018.	
Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00