Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To;		
	Division of Corporations	7 T
	Fax Number : (850)617-6383	- 25年 N
From:		
	Account Name : THE LAW OFFICES OF NICK SPR	ADLINIPLIC 🟯
	Account Number : I20070000020	워크 જ
	Phone : (813)435-3176	<u> </u>
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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BAYCOMPANY, LLC

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Corporate Filing Menu

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H150007041603

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIL#1210 P. 002/004

2015 AUG 24 AM 8: 08

SEGRETARY OF STATE TALLAHASSEE, FLORIDA

(Name of the Limited Liabi	lity Company as it now appears on or	ir records.)
(A Florie	da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 08/20/20	15 and assigned
Florida document number 1.15000140848		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	nited liability company here:	
STEVEN BRAY ENTERPRISES, LLC	,	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designs:	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
·		•
Enter new malling address, if applicable:	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)	 	
B. If amending the registered agent and/or reg	dstered office address on our	records, enter the name of the ner
registered agent and/or the new registered office ad		Total day and many or the no
Name of New Registered Agent:		
New Registered Office Address:		
	Enser Florida str	oes address
		, Florida
	Clay	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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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Title	<u>Name</u>	Address	E 7 FF. U. 1 FE-1-01
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	not meet the application of State's records.  Ive date, but not led.	not meet the applicable statutory filing rate of State's records.  Ive date, but not an effective time.  2015	not meet the applicable statutory filing requirements, this date t of State's records.  Ive date, but not an effective time, at 12:01 a.m. led.	ive date, but not an effective time, at 12:01 a.m. on the earlier led.  2015

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