116000022581

(Requestor's Name)
(Address)
(Address)
(radioss)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Dodament Hambel)
Cartificat Cardina
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100432067041

06/28/24--01027--022 **25.00

7/16/24

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Bay Area Loxory Properties UC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Eric Panico Name of Person	
Bay Area Lixury Properties LLC Firm/Company	
5000 Bay Shore Blod Fampa Ft 33(01) Address	
Tampa FL 33Lell City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Eric Panico at (813) 846 2998 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$555.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	tus &
Mailing Address: Registration Section Street Address: Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

.. -

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	ed Liability Compan (A Florida Limited Li	y as it now appears o ability Company)	on our records.)		
The Articles of Organization for this Limited L		vere filed on <u> </u>	13/10	and assigned	
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	f the limited liabil	ity company here	:		
The new name must be distinguishable and contain the w	ords "Limited Liabilit	y Company," the desi	gnation "LLC" or th	ne abbreviation "L.L.C."	-
Enter new principal offices address, if applic	able:		· · · · · · · · · · · · · · · · · · ·		_
(Principal office address MUST BE A STREE	T ADDRESS)				-
					-
Enter new mailing address, if applicable:					_
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>				-
					-
B. If amending the registered agent and/or ragent and/or the new registered office address		idress on our rec	ords, <u>enter the n</u>	name of the new registe	red
Name of New Registered Agent:	Eric F	Panico			-
New Registered Office Address:	5000	BOYSNOYE Enter Florido	Bivd street address		-
	Tampo	City	, Florida	33011 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

Title	<u>Name</u>	Address	Type of Action
MGR	Blaine F Panico	2310 Marrison Ave	
		Tampa FL 33629	Remove
			□Change
-			
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			Remove
			□Change
			□Aḍd
			□Remove
			□ Chanue

Change	MGB	Eric 1	Panico	addres:	S - i o
_5000 P	ayshord	Bivd	Tampa	addres. a FL 336	11
	,				_
	- -			·	
		 ,			
				·	
					
, , , , , , , , , , , , , , , , , , , ,					
					
	·				
				-	
			 -	· · · · · · · · · · · · · · · · · · ·	
		·			
	·		<u> </u>	· · · · · · · · · · · · · · · · · · ·	
			-		
ive date, if other th	ıan the date of fi	ling:		(option	nal)
If the date inserted in	date must be specific n this block does n	and cannot be protent of meet the app	ior to date of filing of licable statutory fi	more than 90 days after f ling requirements, this	iling.) Pursuant to 605. date will not be liste
ent's effective date of	n the Department	of State's recor	ds.		
yl spacifics a dalayad	affection data. East			d 11 6 41 5	77 00 1 1 6
d specifies a delayed led.	encenve date, our	not an effective	: ume, at 12:01 à.n	n. on the earlier of: (b)	the anth day after
//-	1-1				
<u> 6/20</u>)/2+	_,	/	7	
í					
			RALCA	/	
	Signature o	f a member or au	thorizod representati	ve of a member	

Filing Fee: \$25.00