## HIL 0000038310

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OF CORPORATION OF STATION OF CORPORATION OF CORPORATION

T. MATTHEWS
JUL 14 2022

## **COVER LETTER**

Registration Section

**Division of Corporations** 

TO:

	BAY REMODEL & DESIGN	LLC	
30 <b>00</b> ECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
	oondence concerning this matter		
	IVA NALLBANI		
		Name of Person	
		Firm/Company	
	3137 TEAL TERRACE		. <u>.</u> .
	SAFETY HARBOR FL 3	Address 4695	
	KPOLOSKA@HOTMAIL	City/State and Zip Code	
		to be used for future annual report no	tification)
For further information	concerning this matter, please c	all:	
IVA NALLBANI		813 352-7909 at ()	
Name	of Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Division of G P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration See Division of Co The Centre of 2415 N. Monre	rporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION: DECRETARY OF STATE OF OFFICE OF CORPORATIONS OF CORPORATIONS

22 MAY 13 AM 9: 19

## BAY TO BAY REMODEL & DESIGN 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 Con	npany were filed on 02/10	0/2016	and assigned
Florida document number L16000028310			and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company here	;:	
The new name must be distinguishable and contain the words "Limited	I Liability Company," the desi	gnation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>		
	<del></del>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our reco	ords, <u>enter the name</u>	of the new registere
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida	street address	
		, Florida	
New Registered Agent's Signature, if changing Registered A	City		Zip Code
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacted the obligations of my position as registered agen being filed to merely reflect a change in the registered company has been notified in writing of this change.	d agree to act in this cap plete performance of my it as provided for in Cha	<sup>1</sup> duties, and Lam fa inter 605 FS Or is	miliar with and

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>	<u>Address</u>	Type of Action
AMBR	IVA NALLBANI	3137 TEAL TERRACE	<b>≣</b> Add
		SAFETY HARBOR FL 34695	□Remove
			□Change
MGR	KLEJDI POLOSKA	3137 TEAL TERRACE	□Add
		SAFETY HARBOR FL 34695	□Remove
			Change
			🗀 Add
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Effective date, if other than the date if an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	e specific and cannot be proceed to specific and cannot be proceed to specific app.	ilcanie staniiory tii	(option more than 90 days after fi ng requirements, this d	
e record specifies a delayed effective d d is filed.	ate, but not an effective	time, at 12:01 a.m	on the earlier of: (b)	The 90th day after the
Dated MAY 6TH	2022			
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	www.			
Sig	nature of a member or au	morized representativ	e of a member	<del></del>

Filing Fee: \$25.00