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## **COVER LETTER**

TO: Registration Se Division of Cor			
subject: <u>Bya</u> r	<del></del>	LLC nited Liability Company	2016 JUL 11
	Amendment and fee(s) are sub		
Please return all correspon	ndence concerning this matter	to the following:	
	Michael	C. Rayboun Name of Person	
	Raybour	Mulligan, PUC	
	105 Wes-	f Fifth Avenue Address	<u> </u>
	Tallaho	See FL 32303 City/State and Zip Code	
		Odixie Paving Co	fication)
For further information co	ncerning this matter, please co	all:	
Michael Co Name of	Rayboun	at (850) 907- Area Code Daytime	- 33 i3 e Telephone Number
Enclosed is a check for the	e 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 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

(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company Florida document number	/ were filed on <u>\\ \( \begin{aligned} \text{-} \\ \te</u>	20 - 2016 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o	ffice address on our	records, enter the name of the new
<u>egistered agent and/or the new registered office address her</u>		
Name of New Registered Agent:	<del></del>	
New Registered Office Address:		
	Enter Florida si	reet address
<del></del>	City	, Florida
New Registered Agent's Signature, if changing Registered Agent:		,
hereby accept the appointment as registered agent and agree or ovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my o provided for in Chap	luties, and I am familiar with and ter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Register 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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR.	Natalie Brantley	1085 commerce Blvd.	Add
		Midway, FL 32343	□ Remove
			Change
	-		Add
		<del></del>	□ Remove
			Change
<u></u>			□ Add
			Remove
			Change
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			Remove
			□ Change
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			□ Remove
			Change

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Effective date, i	f other than the date	e of filing:		(0	ptional)		
(If an effective date is Note: If the date	s listed, the date must be s inserted in this block d	pecific and cannot be loes not meet the a	prior to date of filing opplicable statutory f	r more than 90 days : iling requirements.	after filing.) . this date v	Pursuant to 6 will not be li	i05.0207
document's effect	tive date on the Depart	ment of State's rec	ords.	<i>3</i> 1 1 3 7			
The record spec The 90th day	ifies a delayed effort after the record	ective date, bu is filed.	t not an effectiv	e time, at 12:0	)1 a.m. d	on the ear	lier of
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Dated TUIL	1 15+	. 201	lo , .		100 at 1	(1777) (1777) (1777)	
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	Signa	iture of a member or	authorized representat	rive of a member			$\mathbf{n}$
	Signa		authorized representate		RY OF S		7

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