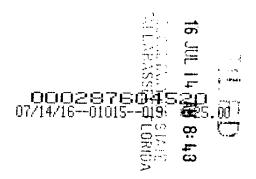
L16000127419

(F	Requestor's Name)	
. (/	Address)	
(<i>f</i>	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT ☐ MA	IL
(E	Business Entity Name)	
(E	Document Number)	
Certified Copies	Certificates of Status	
Special Instructions t	to Filing Officer:	

Office Use Only



000287604520





JUL 1 5 2016 Y SULKER

CAPITAL CONNECTION, INC.417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

BAY HARBOR LA	ND, LLC	
	······································	
	·	
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
	!	Fictitious Name File
	\	Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
Signature		Vehicle Search
<u> </u>		Driving Record
Requested by: Seth	07/14/17	UCC 1 or 3 File
	$-\frac{07/14/16}{5}$	UCC !! Search
Name	Date Time	UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

COVER LETTER

TO:		ation Sect n of Corpo			
SIIRI	BA	Y HARBO	OR LAND, LLC.		
5016			Name of Lin	nited Liability Company	
The er	nclosed Art	icles of Aı	nendment and fee(s) are sul	omitted for filing.	
Please	return all c	correspond	ence concerning this matter	to the following:	
			Barry Shevlin		
			- www.hitestand.com	Name of Person	
			Shevlin & Atkins, Attorne	rys at Law	
				Firm/Company	<u></u>
			1111 Kane Concourse, Su	ite 619	
				Address	<u></u>
			Bay Harbor Islands FL, 33	3154	
				City/State and Zip Code	
			barry@shevlinatkins.com		
				to be used for future annual report notific	cation)
For fur	ther inform	nation cond	cerning this matter, please c	all:	
Barry	Shevlin			305 868-0304	
	•	Name of Pe	erson	Area Code Daytime	Telephone Number
Enclose	ed is a chec	k for the f	ollowing amount:		
\$2 :	5.00 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

BAY HARBOR LAND, LLC.		<u></u>
(Name of the Lin	ited Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)
he Articles of Organization for this Limited	Liability Company were filed on 7/7/20	and assigned
orida document number L16000127419		
nis amendment is submitted to amend the for	llowing:	
. If amending name, enter the new name	of the limited liability company here:	
ne new name must be distinguishable and contain the	words "Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appli	icable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
		6
		A
		Oracle Property
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		7 3
		05/2 6 (
		ತ್ರಿ ಅ
. If amending the registered agent and egistered agent and/or the new registered of		r records, enter the name of the
,	-	
Name of New Registered Agent:	Barry Shevlin	The state of the s
New Registered Office Address:	1111 Kane Concourse, Suite 619	
	Enter Florida s	treet address
	Bay Harbor Islands	, Florida
	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.

Changing Registered Agent, Signature of New Registered Agent

Page 1 of \$

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	Nancy Shevlin	1111 Kane Concourse, Suite 619	
·		Bay Harbor Islands, FL 33154	Remove
		1111 Kane Concourse, Suite 619	☐ Change
MGR	Barry Shevlin	Bay Harbor Island, FL 33154	₽ Add
	·		-
			Remove
			Change
AMBR	Nancy Shevlin	1111 Kane Concourse, Suite 619	
		Bay Harbor Islands, FL 33154	Remove
			Change
AMBR	Barry Shevlin	1111 Kane Concourse, Suite 619	= Add
		Bay Harbor Islands, FL 33154	Remove
			Change
			75 76 76 76 76 76 76 76 76 76 76 76 76 76
			S Remove
			Dochange
			RRDA 60
			☐ Remove
		A CONTRACTOR OF THE CONTRACTOR	
			Change

							
						10	
							_
							institututus valuuv
						.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
					1		<u>uniquente</u> .
		***************************************	····			ال الـ 16	
			<u> </u>		TASSE TASSE	-	****
			•		m _e	=	
					STAI LORIUA	e: +3	
		07/13/2016				,	
ffective date, if other an effective date is listed, to ote: If the date inserted	me and mast or showing	and equippe of billor to	date of filing or more	than 90 days after fi	ing.) Pursi	uant to 6	505.0207 (3)(b)
ocument's effective date	e on the Department of	of State's records.	c statutory trinig is	oquiromonos, una u	ate will i	101 00 1	isico as tiic
record specifies a The 90th day after	delayed effective the record is file	e date, but not a d.	in effective tim	e, at 12:01 a.r	n. on th	ne ear	dier of:
7-1	3	. 2016) /	α 1		,	Heile

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00