# L16000181593

(Re	questor's Name)			
(Address)				
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(Cit	y/State/Zip/Phone	e #)		
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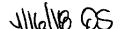
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 20, 2018

NICOLE PFEFFER 435 10TH AVE W STE 204 PALMETTO, FL 34221

SUBJECT: BAY TO BAY RN'S, LLC

Ref. Number: L16000181593

We have received your document for BAY TO BAY RN'S, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 618A00005552

RECEIVED

1018 APR 11 PM 3: 24

1019 APR 10 CORPORATION

101 LAHASSEE, FLORING

### **COVER LETTER**

TO: Registration Secti Division of Corpo				
SUBJECT: Bay	to Bay RN's	LLC led Liability Company		
	nendment and fee(s) are subn			
		•		
r lease return an correspond	ence concerning this matter t	to the following:		
	NICOLE	PFEFFER Name of Person		
•	Bay to B	ay RN'S LLC Firm/Company	· .	
	435 10th Ave	Ste. 204		
	Pal metto, A	34221 City/State and Zip Code CMS @ gmail. Com o be used for future annual report notificati		
	bay to bay	rns@gmail.com	on)  Note that the second of t	C. 1 · ye
5 0 1 10 1			on)	4211
For further information cond	cerning this matter, please ca	II:		E-mark
Name of Po	etter	at ( <u>941</u> ) <u>580 20</u> Area Code Daytime Tel	lephone Number S	F. acti
Name of Pe	erson	Area Code Daytime Tel	lephone Number 5 7	المراجعة الم
Enclosed is a check for the	following amount:			
s25.00 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 Registration Division of P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center	ns	

Tallahassee, FL 32301

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bay to Bay	RN'S, LLC	
(Name of the Limited Libbi (A Floric	lity Company as it now appears on our record da Limited Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability of Florida document number <u>L1600 (81593</u>	* * * * * * * * * * * * * * * * * * * *	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lii	mited Liability Company," the designation "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 mailing address, if applicable:		<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>
(Muiling address MAY BE A POST OFFICE BOX)		[
		200
		TO STUDY
B. If amending the registered agent and/or regi	istered office address on our records	s, enter the name of the nev
registered agent and/or the new registered office ad-		
		5 5
N CN D ' A LA		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres.	2
	Ti.	orida
	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.

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> **Name Address** Type of Action 435 10 HAVE W. Ste 204 Palmetto, F1 34221 Nicole Steffer ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Add ☐ Remove \_□ Change □ Add \_□ Remove

\_□ Change

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ective date, if other than the date of filing:	(optional)
n effective date is listed, the date must be specific and cannot be prior to date te: If the date inserted in this block does not meet the applicable statement's effective date on the Department of State's records.	of filing or more than 90 days after filing.) Pursuant to 605.020 atutory filing requirements, this date will not be listed a
record specifies a delayed effective date, but not an $\epsilon$ he 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlier $\epsilon$
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ted 48 . 2018.  Signature of a metaborized recommendation authorized recommendation.	

Page 3 of 3

Filing Fee: \$25.00