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(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phon	e #)
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COVER LETTER

Div	ision of Corp	orations		
SUBJECT:	Bayside RVs	, LLC		
Sobile 1.		Name of Limit	ted Liability Company	
The enclosed	l Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return	all correspon	dence concerning this matter t	to the following:	
		Gary H. Baker		
			Name of Person	
		Gary H. Baker, P.A.		
			Firm/Company	
		2470 Sunset Point Road		
			Address	
		Clearwater, FL 33765		
			City/State and Zip Code	
		ghbaker@garybakerlaw.com		
		E-mail address: (t	o be used for future annual report notifica	tion)
For further is	nformation co	ncerning this matter, please ca	dl:	
Gary H. Bal	ker		727 793-0066 at ()	
	Name of	Person	Area Code Daytime To	elephone Number
Enclosed is	a check for the	following amount:		
□ \$25.00 F	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:

TO:

Registration Section

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

BAYSIDE RVS, LLC		
(Name of the Limite	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lie	ability Company were filed on November 14,2016	and assigned
lorida document number L16000209030	 .	
This amendment is submitted to amend the follo	wing:	
A. If amending name, <u>enter the new name of</u>	the limited liability company here:	
he new name must be distinguishable and contain the we	ords "Limited Liability Company," the designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:	
Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE I</u>		
3. If amending the registered agent and/ ϵ	or registered office address on our records, en	ter the name of the
	fice address here:	
	fice address here:	
egistered agent and/or the new registered of		
Name of New Registered Agent:	fice address here: Enter Florida street address Florida	

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 Age

Page 1 of 3

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	Mark Mastrini	7321 1st Ave. South	■ Add
		St. Petersburg, FL 33707	□ Remove
			☐ Change
MGR	Robert Morgan	7321 1st Ave. South	Add
		St. Petersburg, FL 33707	□ Remove
			☐ Change
			Add
		·····	Remove
			□ Change
			Add
			☐ Remove
			☐ Change
	 		Add
			Remove
		W	FLORDE 22 Remove

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Note: If the date insert	•	ot meet the applicable of State's records.	statutory filing require	ements, this date wil	not be listed as the
ne record specifies					
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ne record specifies The 90th day afte	er the record is file	ed. 2016 	1 representative of a men	nber ASST	
Dated	er the record is file	ed. 2016)	nber ASSTE	

Filing Fee: \$25.00