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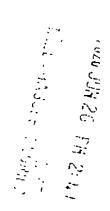
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COVER LETTER

TO:

Registration Section

Division of Cor	porations			• •	
	gineering and Consulting, LLC	- -	ř		
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fec(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Joseph D. Bass, PhD, PE				
		Name of Person			
	Bayside Engineering, LLC				
		Firm/Company			
	15 Grandview Drive		·.·	2	
		Address		20 ⁷ 6 Júl. 26	
	Shalimar, FL 32579		•	: N	
		City/State and Zip Code			
	joe.bass7@gmail.com E-mail address: (to be used for future annual report not	ification)	2.5	
For further information c	oncerning this matter, please c	all:			
Joseph D Bass, PhD, PE		850 982-7515 at ()			
Name o	f Person	Area Code Daytir	ne Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
Mailing Address Registration 9	Section	Street Address: Registration So			
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee		
Tallahassee, 1			be Street, Suite 810)	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bayside Engineering and Consulting, 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 Company were filed on Jan 3, 2017 Florida document number $\underline{L17000001187}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Bayside Engineering, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 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 office address on our records, enter the name of the new agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida __ City

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 compt provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docubeing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liabilit 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, <u>enter the title, name, and address of each person_bcor removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of
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			## * ***
(If an e <u>Note</u>	effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to 11 the date inserted in this block does not meet the applicable ament's effective date on the Department of State's records.	date of filing or more than 90 days after	
	ecord specifies a delayed effective date, but not a see 90th day after the record is filed.	an effective time, at 12:01	a.m. on the ear
Dated	d June 23	? Oin	D-
	Signature of a number or authorize	zed representative of a member	15

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Filing Fee: \$25.00