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COVER LETTER

TO:

Registration Section **Division of Corporations**

Tallahassee, FL 32314

SUBJECT:	Bayside Er	gineering & Consulting, LLC		•
SUBJECT.		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(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	Bayside	Engineering, LLC
			Firm/Company	······································
		15 Grandview Dr		F-7
			Address	
		Shalimar, FL 32579		()
			City/State and Zip Code	•• ,
		joc.bass@zoho.com		
For further in	iformation c	E-mail address: (oncerning this matter, please c	to be used for future annual report notificatall:	(ion)
Joseph D Ba	188		850 982-7515 at ()	
	Name o	f Person	at () Area Code ——Daytime Te	elephone Number
Enclosed is a	check for th	he following amount:		
■ \$25.00 I	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)
Rep Div P.C	iling Addressistration Strain of Co. Box 632	Section Corporations 27	Street Address: Registration Section Division of Corporative Centre of Tall 2415 N. Monroe S	rations ahassee

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bayside Engineering & 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 _____ and assigned Florida document number 117000001187 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 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
			□Add
			☐ Remove
			Change
			□Add
			□Remove
			□Change
			:Add
			: ☐Remove
			□Change
			□Add
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			□Change
			□Add
			□Remove

	~.]
Effect	ive date, if other than the date of filing: (optional)
f an ef	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docur	nent's effective date on the Department of State's records.
record is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
	May 18 2021
Dated	

Filing Fee: \$25.00

Typed or printed name of signee