L17000001187

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

TO: Registration S Division of Co			4
	ingineering, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
	f Amendment and fee(s) are sub condence concerning this matter		
	Joseph D Bass, PhD, PE		
		Name of Person	
	Bayside Engineering & Co	onsulting, LLC	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	15 Grandview Dr		
		Address	
	Shalimar, FL 32579		
		City/State and Zip Code	
	joe.bass@zoho.com	to be used for future annual report noti	fication)
For further information	concerning this matter, please c	•	ACUITO I
Joseph D Bass		850 982-7515 at ()	
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bayside Engineering, LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on Jan 3, 2017	and assigned
Florida document number L17000001187		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Bayside Engineering & Consulting, LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		: -
Enter new mailing address, if applicable:		(5)
Mailing address MAY BE A POST OFFICE BOX)		· ::
		က်
		
3. If amending the registered agent and/or registered office gent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter th</u>	e name of the new regist
New Registered Office Address:	Enter Florida street address	
	r,mer r toriaa street adaress	
· · · · · · · · · · · · · · · · · · ·	, Florid	
	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 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	
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ective date, if other	than the date of filing te date must be specific and	connor be prior to de	are of filing or more than	(optional)	Pursuant to 605 026
e: If the date inserted	in this block does not m	neet the applicable			
ument's effective date	on the Department of S	tate's records.			
cord specifies a delaye s filed.	d effective date, but not	an effective time,	at 12:01 a.m. on the e	arlier of: (b) The	: 90th day after the
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ed O	ne 24.	2021			
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	Repul D	Dass			
77	 Signature of a r 	dember or authorized	d representative of a mer	nher	

Filing Fee: \$25.00