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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
(ON) States Expr Hone III
PICK-UP WAIT MAIL
(Business Entity Name)
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COVER LETTER

TO:	Registration Se Division of Cor					
eno n		Bay Group LLC				
SUBJ	ECT:	Name of Lim	ited Liability Company			
The en	iclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
		Name of Limited Liability Company Articles of Amendment and fee(s) are submitted for filing. It correspondence concerning this matter to the following: Kay Davis				
		•	Name of Person			
		1260 West Bay Group LL6	Ç			
			Firm/Company			
		1260 West Bay Dr Suite B				
			Address			
		Largo Florida 33770				
For fur	ther information co		·	cation)		
Kay D	avis		· - · · · · · · · · · · · · · · · · · ·			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclos	ed is a check for th	e following amount:				
\$2.	5.00 Filing Fee		Certified Copy	Certificate of Status &		

MAILING ADDRESS:

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



1260 West Bay Group 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 Compa	ny were filed on $\frac{02/07/2017}{}$	and assigned
Florida document number 117000029831		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation	"LLC" 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:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h Name of New Registered Agent:		ords, enter the name of the new
New Registered Office Address:		
	Enter Florida street a	ldress
		, Florida
		Zip Code
New Registered Agent's Signature, if changing Registered Ager	<u>it:</u>	
provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a	If amending the registered agent and/or registered office address on our records, enter the name of the new ered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Florida	
If C	nanging Registered Agent, <u>Signat</u>	ure 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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Lisa G Menze	1260 West Bay Dr Suite B	
		Largo Fl 33770	■ Remove
			☐ Change
MGR	Edward F Menze	1260 West Bay Dr Suite B	
		Largo Fl 33770	■ Remove
			☐ Change
			Remove SEP Change
			I Add K
			□ Change
			
			□ Remove
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fan eff Note:	ive date, if other than the datective date is listed, the date must be lifthe date inserted in this block tent's effective date on the Department.	e specific and cannot be a does not meet the a	prior to date of filing pplicable statutory	g or more than 90 days	optional) after filing.) Pursuant t, this date will not b	to 605.0207 e listed as
e rec	cord specifies a delayed e 90th day after the record	ffective date, bu f is filed.	t not an effect	ive time, at 12:0	01 a.m. on the ϵ	earlier of
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The	- Low Missing			tative of a member		

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Filing Fee: \$25.00