

(Requestor's Name)
(Address)
(Address)
(1001033)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
L
Office Use Only



08/21/17--01029--014 \*\*25.00



AUG 2 ° 2017 Y 1 11 K TR

# COVER LETTER

#### TO: **Registration Section Division of Corporations**

Bayfront Realty Advisors, LLC SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Monica Klohn

Name of Person

Bayfront Realty Advisors LLC

Firm/Company

1630 Dolphin Road

Address

Naples FL 34102

City/State and Zip Code

mmsfsu@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Monica Klohn

Name of Person

\_ at (\_\_\_\_\_) Area Code Daytime Telephone Number

Denise Larsen

Enclosed is a check for the following amount:

S25.00 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/COURIER ADDRESS:

**Registration Section** Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

234-234 6920 Office Manager

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bayfront Realty Advisors, LLC		
( <u>Name of the Limited</u> (A	Liability Company as it now appears on our records Florida Limited Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liab Florida document number <u>L17000082342</u>	ility Company were filed on April 12, 2017	and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, <u>enter the new name of th</u>	ne limited liability company here:	
The new name must be distinguishable and contain the word	Is "Limited Liability Company," the designation "LLC"	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET )	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BC	<u></u>	·····
B. If amending the registered agent and/or registered agent and/or the new registered offic		enter the name, of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	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 Changing Registered Agent, Signature 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>	Address	<b>Type of Action</b>
MGR	Julian Stokes	2950 Tamiami Trail N. #200, Napl <b>es</b> <i>FL</i> <u>34703</u>	<b>i</b> Add
			C Remove
			Change
		·····	Add
			Remove
			Change
			Add
			Remove
			Change
			Change Ade Ade Renove
			🖸 Add
		Remove	
			Change
			🖸 Add
			🖸 Remove
			🗆 Change

D.	If amending any	other information,	enter change(s) here:	(Attach additional she	eets, if necessary.)
----	-----------------	--------------------	-----------------------	------------------------	----------------------

	······································
	······································
	TT AUG 21 AH
	200 BS
	<u> </u>
	AHU: 49
	<u> </u>
	<u>ت</u> وت
· · · · · · · · · · · · · · · · · · ·	

E. Effective date, if other than the date of filing: \_\_\_\_\_\_(optional) (If an effective 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 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

August 15

.

2017

Touia

nature of a member or authorized representative of a member

Monica Klohn

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00