L17000090205

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

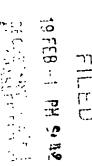




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S. TALLENT FEB 1 2 2019



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COVER LETTER

TO: Registration Section Division of Corpor			, mer
SUBJECT: BAY	Grove 30 Name of Limi	A , L L C ited Liability Company	
The enclosed Articles of Ame	endment and fee(s) are subt	mitted for filing.	
Please return all corresponde	nce concerning this matter t	to the following:	
	Mickey	Whytake	
	Bay Gro	UC 30A, LLC Firm/Company	
	358 LAIR	D Drive Address	
	Freeport	Fl 32439 City/State and Zip Code	
-	Whitaker E-mail address: (i	30 A @ gmail. co ~	cation)
For further information conce	erning this matter, please ca	all:	
Mickey Wh.	son	at (<u>\$\$0</u>) 499 - Area Code Daytime	3535 Telephone Number
Enclosed is a check for the fe	ollowing amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fec & 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BAY Grove 30 A.	uc
(Same of the Limited Liability Con (A Florida Limit	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Comparing Florida document number 1700090205. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited lim	iability company here:
	lability Company. The designation 133.6 of the aboreviation 1336.
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Freeport, Fl 32439
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	Freeport, Fl 32439
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address: 258	LAIRD Drive Enter Florida street address
_ File	. epo+ . Florida 32439
New Registered Agent's Signature, if changing Registered Age	24 3.40

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	Type of Action
AMBR	30 A Realty, INL		🗆 Add
		45 sugar Sand Lane Suite D	Remove
		Sarta Rosa Beach, Fl 32469	Change
AMBR	Mickey Whitake		≅ Add
		358 LAIRD Drive	Remove
		Freeport, Fl 32439	Change
		 	🗆 Add
			Remove
			Change
			
			□ Remove
			Change
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<u>te:</u> If the d	ate inserted in	an the date of late must be speci this block does the Departmen	not meet the	e applicable sta	of filing or more the tutory filing req	(option an 90 days after the uirements, this	nal) îling.) Pursuant to (date will not be l	605.0207 isted as
		elayed effect le record is f		out not an e	ffective time	, at 12:01 a	.m. on the ear	rlier of
HE SOUT								
	29-2019		,					
	29-2019 My	Who of Signature	kin of a member	or authorized	precentative of a	nember		

Page 3 of 3

Filing Fee: \$25.00