

(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:

Office Use Only



700303809207

09/25/17--01016--020 **25.00



D. SCOTT SEP 2 6 2077

COVER LETTER

Division of Cor					
DMO BAY	', LLC				
SOBJECT:	Name of Lin	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Sean P. Kelly, Esq.				
		Name of Person			
	Kelly & Kelly, LLP				
		Firm/Company			
	605 Palm Blvd., Suite A				
		Address			
	Dunedin, Florida 34698				
		City/State and Zip Code			
	E-mail address: (to be used for future annual report notifi	cation)		
For further information c	oncerning this matter, please c	all:			
Sean P. Kelly		727 733-0468			٠٠٠
Name o	f Person	Area Code Daytime	Telephone Number	_ _	
Enclosed is a check for the	he following amount:				ن ب
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Certificate Continued Contin	of Status & opy	7.

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

DMO BAT, BLC		
(Name of the Limited) (A)	iability Company as it now appears on our records.) Iorida Limited Liability Company)	
	05/03/2017	
	lity Company were filed on 05/03/2017	and assigned
lorida document number 1.17000098401		
This amendment is submitted to amend the following	ng:	
. If amending name, enter the new name of the	e limited liability company here:	
KO 77. LLC		
he new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
Principal office address MUST BE A STREET A	DDRESS)	
3. If amending the registered agent and/or egistered agent and/or the new registered office Name of New Registered Agent:	registered office address on our records, <u>ent</u> <u>address here</u> :	er the name of the i
Name of New Registered Agent.		
New Registered Office Address:		
	Enter Florida street address, Florida City	7 7
_	, Florida	
	City	Zip Code ♥ \
ew Registered Agent's Signature, if changing Regi	stered Agent:	• 7
hereby accept the appointment as registered a	gent and agree to act in this capacity. I further a	carve to comply with
rovisions of all statutes relative to the proper a	nd complete performance of my duties, and I ar	ngree to comply with n familiar with and
ecept the obligations of my position as register	ed agent as provided for in Chapter 605, F.S. (r, if this document is
eing filed to merely reflect a change in the regi	stered office address. I hereby confirm that the	limited liability
minany has been natified in writing of this abo		

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
MGR	DONNA M. ODLAND	26 Sunset Bay	
		Belleair, Florida 33756	■ Remove
			Change
MGR	KEITH A. ODLAND	12540-B Enterprise Blvd.	∃ Add
		Largo, Florida 33773	Remove
			Change
			∩ Add
			Remove
			Change
			
			☐ Remove
			Change
			□ Remove.
			☐ Change
		·	
			☐ Remove
			☐ Change

, , ,					
	. 1				
		·····			
	·				
				·	
					
	• •				
antiva data if athor than tha	data of filings			(ontional)	
ective date, if other than the effective date is listed, the date mus	be specific and can	not be prior to date	of filing or more tha	n 90 days after filing.	.) Pursuant to 605,020
<u>te:</u> If the date inserted in this blo	ock does not meet	the applicable s	atutory filing requ	irements, this date	will not be listed as
ument's effective date on the Do	partment of State	s records.			
record specifies a delayed he 90th day after the rec		e, but not an	effective time,	at 12:01 a.m.	on the earlier o
ne soull day after the reco	na is illea.				فمس
September 21	2	017			_
ed	_ · -	· ·			
-1	-		representative of a m		

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee