

L17000113235

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

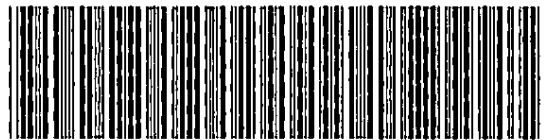
(Business Entity Name)

(Document Number)

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2019 JAN 24 PM 3:06

CLERK OF STATE
TALLAHASSEE, FL

C. GOLDEN

JAN 30 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BAY PRESERVE LLC

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:

MGR : FRANKLIN ADAMS

Name of Person

BAY PRESERVE LLC

Firm/Company

15901 N.W. 38th PLACE

Address

MIAMI, FL. 33054

City/State and Zip Code

AMARTAY@BELLSOUTH.NET

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

For further information concerning this matter, please call:

MGR: FRANKLIN ADAMS

786 263-2617
at ()

Name of Person

Area Code

Daytime 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED

2019 JAN 24 PM 3:06

U.S. DEPT. OF STATE
TALAMASSEE, FL

This amendment is submitted to amend the following:

BAY PRESERVE FISHERY LLC

Enter new principal offices address, if applicable:

N/A - No change of office address

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A - No change of mailing address

(Mailing address MAY BE A POST OFFICE BOX)

Name of New Registered Agent:

N/A - No change in registered agent.

New Registered Office Address:

N/A - No change in registered office address

Enter Florida street address

Florida

(in)

Zip Code

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>	<u>Address</u>	<u>Type of Action</u>
N/A	N/A	N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

E. Effective date, if other than the date of filing: N/A (optional)

N/A

(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.

Dated JANUARY 16, 2019

Signature of a member or authorized representative of a member

MGR: FRANKLIN ADAMS

Typed or printed name of signee