

L17000116299

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

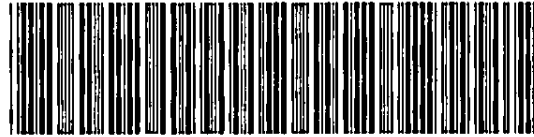
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Bayside Wounded Warrior Fund 2 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:

Andrew Wilfong

Name of Person

Firm/Company

1048 Anchor Road

Address

St. Johns, FL 32259

City/State and Zip Code

andrew.wilfong@navy.mil

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

For further information concerning this matter, please call:

Nicole Cooksey

904 465 1878
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Bayside Wounded Warrior Fund 2 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 Company were filed on 05/25/2017 and assigned
Florida document number L17000116299.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The 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:

(Principal office address MUST BE A STREET ADDRESS)

Andrew Wilfong

1048 Anchor Road

St. Johns, FL 32259

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Andrew Wilfong

1048 Anchor Road

St. Johns, FL 32259

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Andrew Wilfong

MANAGER

New Registered Office Address:

1048 Anchor Road

Enter Florida street address

St. Johns

Florida 32259

City

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>	<u>Address</u>	<u>Type of Action</u>
Mr.	David Cooksey	1808 Bayside Blvd	<input type="checkbox"/> Add
		St. Johns, FL 32259	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Mr.	Andrew Wilfong	1048 Anchor Road	<input checked="" type="checkbox"/> Add
	MANAGER	St. Johns, FL 32259	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Mrs.	Nicole Cooksey	1808 Bayside Blvd	<input checked="" type="checkbox"/> Add
	Authorized Member	St. Johns, FL 32259	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Mr.	Jon Edenfield	1000 Ravine Terrace	<input checked="" type="checkbox"/> Add
	Authorized Member	St. Johns, FL 32259	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Mrs.	Tina Smith	1765 Bayside Blvd	<input checked="" type="checkbox"/> Add
	Authorized Member	St. Johns, FL 32259	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Please note, the death certificate for David Cooksey is enclosed. David was previously the sole member of this LLC. His executor, and next of kin, is Nicole Cooksey. She is one of the members being added to this LLC.

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.

Dated June 25, 2021



Signature of a member or authorized representative of a member

Nicole Cooksey (executor for the estate of David Cooksey)

Typed or printed name of signee