

L17000127303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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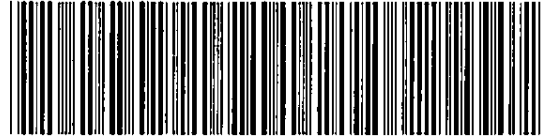
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: BAY PROMO, 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:

HUMBERTO ARGUELLO

Name of Person

BAY PROMO, LLC

Firm/Company

13115 3RD ST E 1B

Address

MADEIRA BEACH FL 33708

City/State and Zip Code

HARGUELLO@BAYPROMO.NET

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

For further information concerning this matter, please call:

HUMBERTO ARGUELLO

Name of Person

813

at ( )

Area Code

4399638

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

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12-1-10

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

BAY PROMO, 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 06/12/2017 and assigned  
Florida document number L17000127303.

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)

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address MAY BE A POST OFFICE BOX)

**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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, **Florida** \_\_\_\_\_  
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>
AMBR	HUMBERTO ARGUELLO		<input type="checkbox"/> Add
		5039 CACTUS NEEDLE LANE WESLEY CHAPEL 1	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	NAVA GLOBAL HOLDINGS LLC	6201 JOHNS ROAD SUITE 9 TAMPA FL 33634	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	THISAL JAYASURIYA		<input type="checkbox"/> Add
		6201 JOHNS ROAD SUITE 9 TAMPA FL 33634	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARGINE ARGUELLO		<input type="checkbox"/> Add
		5039 CACTUS NEEDLE LANE WESLEY CHAPEL FL 33544	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	HUMBERTO ARGUELLO HUETE	6201 JOHNS ROAD SUITE 9 TAMPA FL 33634	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2023 OCT - 6 PM 1:26  
TAMPA FL 33634

2023 OCT -6 PM 3:26  
SECRETARY OF THE  
NAVY

SECRET  
2023 OCT -6 PM 3:26  
FALL 1950

(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)

Dated OCTOBER 1, 2023

Representative of member

Typed or printed name of signee

**Filing Fee: \$25.00**