117000178734

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COVER LETTER

	gistration Sec rision of Corp			
×1111 112 ZVI	BayCo Lawi	and Landscape, LLC		
SUBJECT:		Name of Limite	rd Liability Company	
The enclose	d Articles of Z	Amendment and fee(s) are subm	inted for filing.	
Please return	n all correspoi	ndence concerning this matter to	the following:	
		Thomas and Heather Wilkir	ıs	
			Name of Person	
			Firm/Company	
		7331 Resota Lane		
			Address	
		Panama City, FL, 32409		
		LHVT44@hotmail.com	City/State and Zip Code	
		E-mail address: ()	o be used for future annual report	notification)
For further	information c	oncerning this matter, please ca	il:	
Heather W	ilkins		850 832-050 at ()	
	Name o	f Person	at () Area Code D:	tytime Telephone Number
Enclosed is	s a check for t	he 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company a (A Florida Limited Liabi	is it now appears on our records.)	•
The following the first th		
The Articles of Organization for this Limited Liability Company we Florida document number L17000178734	re filed on August 21, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	y company here;	
Bay Concrete and Construction, LLC		- 55 6 6
The new name must be distinguishable and contain the words "Limited Liability (Company," the designation "LLC" or the	* . · · · · · · · · · · · · · · · · · ·
Enter new principal offices address, if applicable:	N/A	20 -
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	I: 52
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here: Name of New Registered Agent: NA	e address on our records, <u>en</u>	ter the name of the n
New Registered Office Address: N/A		
then isobtoneed on the financial.	Enter Florida street address	
	, Florid:	
	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>	Type of Action
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
			Remove
			AUG Change
			All Change Change
			☐ Change
			Add
			Remove
			☐ Change
			☐ Remove
			Change

N/A	
 :	
	D.C
	
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ective date, if other than the date of filing:	(optional P 🖰 🔊
rective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to ste: If the date inserted in this block does not meet the applicable cument's effective date on the Department of State's records.	date of filing or more than 90 days after time.) Pursuant to 603.05 le statutory filing requirements, this date will not be listed
record specifies a delayed effective date, but not a The 90th day after the record is filed.	an effective time, at 12:01 a.m. on the earlier
thed August 17, 2018 the August Wilk Signature of a member or authority	-· ·
Hoather Walk Signature of a member or authori	ized representative of a member
Heather Wilkins	
Typed or printed	name of signee

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Filing Fee: \$25.00