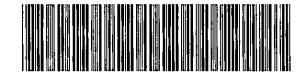
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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: By	Sell Tinga Name of Limi	Bay CLC	
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Ryan	Name of Person	
	By So 11	79mp B-2	LLC
	3723	W. Tacon 5. Address	1
		•	
	Tama	F/ 3367 City/State and Zip Code	9
	Ru Hs	City/State and Zip Code 72 @ gmail. com o be used for future annual report no	uitšestion
For further information of	oncerning this matter, please ca		and a control
_		$\frac{1}{\text{Area Code}} \text{ at } (\frac{SIS}{\text{Dayti}})$	D - 5 & 572 me Telephone Number
Enclosed is a check for the	ne following amount:		
S25.00 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 as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Company were filed on Horida document number \(\frac{\(L \) 7 000/89979}{\(L \) .	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company her	<u>re</u> :
he new name must be distinguishable and contain the words "Limited Liability Company," the de-	
Enter new principal offices address, if applicable:	<u></u>
Principal office address MUST BE A STREET ADDRESS)	
	<u> </u>
	ල
Enter new mailing address, if applicable:	r 12
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	da street address
Enter Florie	
Enter Florid	, Florida

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>	Address	Type of Action
AMBR	Rson Watts	3723 W. Tacon St	Add
		Timos F1 33629	Q Remove
			Change
AMBR	Morgan Walls	3723 W. Tacon St	Add
		Tampa, F1 33629	妇 Remove
MGR			Change
AMBR	Morgen Litts PA	3723 W. Tucon St	್ಷವೆ [ब् Add
		Tanpo F1 33679	
		,	Change
			□ Add
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Effective date, if	other than the date of filing listed, the date must be specific and	•	(0)	ptional)
If an effective date is	listed, the date must be specific and	cannot be prior to date of fi	ling or more than 90 days a	fler filing.) Pursuant to 605.02
Note: If the date	nserted in this block does not m ve date on the Department of St	eet the applicable statute	ory filing requirements,	this date will not be listed
document s effect	ve date on the Department of St	are s records.		
ne record spec	fies a delayed effective de	ate, but not an effe	ective time, at 12:0	1 a.m. on the earlier
The 90th day	after the record is filed.			
4.	, /	2018		
Dated <u>Nova</u>	bir 1	 .		
	11/2	Rutt		
	Signature of a n	sember or authorized repre	sentative of a member	
		· ·		

Page 3 of 3

Filing Fee: \$25.00