L17000 192883

•	
	(Requestor's Name)
	(Address)
((Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
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COVER LETTER

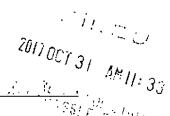
TO:	Registration Se Division of Cor			
cup u	16201 BAY			
SUBJI	ECT:		ited Liability Company	
	•			
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		JOHN P HOLDER		
			Name of Person	
		EXECUTIVE MANAGEN	MENT & CONSULTANTS INTER	NATIONAL LLC
			Firm/Company	
		7999 N FEDERAL HWY		
		444.	Address	
		BOCA RATON FL 3348	7	
			City/State and Zip Code	
		JOHNPHOLDER (@GMA)	IL.COM to be used for future annual report notif	ication)
For fur	ther information co	oncerning this matter, please ca		
NHOL	HOLDER		321 508-4005	
	Name of	f Person	at () Area Code Daytime	Telephone Number
Enclos	ed is a check for th	e following amount:		
■ \$2:	5.00 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**



16201 BAYLIS LLC

(Name of the Limited L.) (A.F.)	iability Company as it now appears on our records.) forida Limited Liability Company)	1381 E - 1394
The Articles of Organization for this Limited Liabili Florida document number L17000192883	ity Company were filed on SEPTEMEBR 17,2017	and assigned
This amendment is submitted to amend the followin	हि:	
A. If amending name, enter the new name of the	limited liability company here:	
16201 BAYLIS STREET LLC		
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 A	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, ente	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida	
_	City	Zip Code
New Registered Agent's Signature, if changing Regis	tered 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				
Title	<u>Name</u>	<u>Address</u>	2017 OCT 31 AM 11: 3.	3 Type of Action
				
				□ Remove
				Change
				Add
				□ Remove
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ffective date, if other than the date of filing:	optional) e prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
Note: If the date inserted in this block does not meet the a	applicable statutory filing requirements, this date will not be listed as
locument's effective date on the Department of State's rec	cords.
e record specifies a delayed effective date, bu The 90th day after the record is filed.	ut not an effective time, at 12:01 a.m. on the earlier of
·	
Dated October 1/4 20 Signature of a member of	1/7
20.	
Y - A	
Signature d'a member o	or authorized representative of a member
	r printed name of signee
	TH WENZ

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Filing Fee: \$25.00