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COVER LETTER

	egistration Se vision of Cor					
SUBJECT		A PROJECT SOLUTIONS, LL	C			
Sebule.	•	Name of Limited Liability Company				
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please retur	rn all correspo	ndence concerning this matter	to the following:			
		STEPHANIE STEPHENS				
			Name of Person			
		BAY AREA PROJECT SO	DLUTIONS, LLC			
			Firm/Company			
		379 DOUGLAS RD E STI	E A			
			Address			
		OLDSMAR, FL 34677				
		stephanie@bayareaprojects	City/State and Zip Code			
			to be used for future annual report not	fication)		
For further	information c	oncerning this matter, please c		,		
Stephanie :	Stephens		727 543-8361 at ()			
	Name o	f Person	Area Code Daytim	e Telephone Number		
Enclosed is	a check for th	ne following amount:				
\$25.00	Filing Fee	S30.00 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

FILED ARTICLES OF ORGANIZATION 23 JUL 14 PH 12: 05 SECRETARY OF STATE

BAY AREA PROJECT SOLUTIONS, 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 v Florida document number	were filed on 11/29/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty 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)	379 DOUGLAS RD E, S OLDSMAR FL 34677	UITE A
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office as agent and/or the new registered office address here:	ddress on our records, enter the	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Floric	la
Now Designated Assessing Designation of Assessing Designation of Assessing	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pe being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and i rovided for in Chapter 605, F.S	I am familiar with and S. Or, if this document is

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	STEPHANIE STEPHENS	1291 BLACKRUSH DR	≣ Add
		TARPON SPRINGS, FL 34689	🗀 Remove
			☐ Change
AMBR	ROY STEPHENS	2519 BIG PINE DR	■Add
		HOLIDAY, FL 34691	Remove
			□Change
AMBR	TIMOTHY COFFEY	6958 81ST AVE N PINELLAS PARK FL 33781	□Add
			Remove
		 	□Change
		-	□Add
			□Remove
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ffective date, if other than the an effective date is listed, the date mulote: If the date inserted in this becomment's effective date on the E	st be specific : lock does no	and cannot be of meet the a	prior to date o pplicable stat	f filing or more utory filing re	than 90 days at	etional) ter filing.) Pursi his date will r	uant to 605.0207 (not be listed as t
record specifies a delayed effection is filed.	ve date, but i	not an effect	ive time, at l	2:01 a.m. on	the earlier of:	(b) The 90th	n day after the
July 11th		2023	·				
	Ş ⊊	/					
	Signature of	رحد f a member or	authorized re	presentative of	a member		
	-						

Filing Fee: \$25.00