

L17000244368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

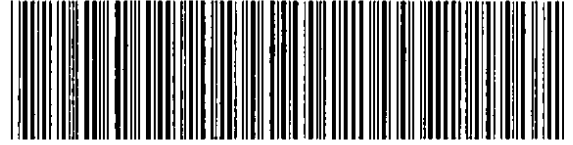
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
AUG 16 2023

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07/14/23--01008--002 **25.00

FILED
23 JUL 14 PM 12:05
CLERK OF STATE
TALLAHASSEE, FLORIDA

CQVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BAY AREA PROJECT SOLUTIONS, 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:

STEPHANIE STEPHENS

Name of Person

BAY AREA PROJECT SOLUTIONS, LLC

Firm/Company

379 DOUGLAS RD E STE A

Address

OLDSMAR, FL 34677

City/State and Zip Code

stephanie@bayareaprojectsolutions.com

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

For further information concerning this matter, please call:

Stephanie Stephens

727

543-8361

at (_____) _____

Name of Person

Area Code

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

FILED
JUN 23 JUL 14 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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	STEPHANIE STEPHENS	1291 BLACKRUSH DR	<input checked="" type="checkbox"/> Add
		TARPON SPRINGS, FL 34689	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ROY STEPHENS	2519 BIG PINE DR	<input checked="" type="checkbox"/> Add
		HOLIDAY, FL 34691	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	TIMOTHY COFFEY	6958 81ST AVE N	<input type="checkbox"/> Add
		PINELLAS PARK FL 33781	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.



STEPHANIE STEPHENS

Filing Fee: \$25.00