L 18000039884

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(city) clotte. Lip. Hono ity
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:	Registration of	on Section f Corporations			•	÷
SHBJI	FCT:	Minerva	Applied	Solutions Li	LC	
•			Name of Lin	nited Liability Company		
The en	nclosed Article	es of Amendment a	nd fee(s) are sul	bmitted for filing.		
Please	return all cor	respondence conce	ming this matter	r to the following:		
			Aus	Fin Underw	ood	
				Applied Solu		-
		2901	W St.	Isabel St S:	uite A-Z	
			Tampa,	FL 3: City/State and Zip Code	3607	_
			E-mail address:	(to be used for future annual	report notification)	
For fur	ther informat	ion concerning this	matter, please o	call:		
	Austin	Underw	bos	at (<u>\$13</u>) Area Code	422-08	91
	186	ane or reison		Area Coue	Dayonic Telepho	ne pumoer
Enclos	ed is a check	for the following a	mount:			
□ \$2	5.00 Filing Fe		Filing Fee & cate of Status	☐ \$55.00 Filing Fee a Certified Copy tadditional copy is enc	/	S60.00 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 ARTICLES OF ORGANIZATION OF

Minerva Applied Solution (Name of the Limited Liability Company as it no (A Florida Limited Liability Co	ns, LLC w appears on our records.)
The Articles of Organization for this Limited Liability Company were file Florida document number LI8000039884	d on $02/13/2018$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	pany here:
Bay Made LLC The new name must be distinguishable and contain the words "Limited Liability Compar	
The new name must be distinguishable and contain the words "Limited Liability Compar	ny," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Muiling address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address of agent and/or the new registered office address here: Name of New Registered Agent:	n our records, <u>enter the name of the new register</u>
New Registered Office Address:	Inter Florida street address
	. Florida
City	Sec Zip Code
New Registered Agent's Signature, if changing Registered Agent:	72. 60
I hereby accept the appointment as registered agent and agree to act provisions of all statutes relative to the proper and complete performaccept the obligations of my position as registered agent as provided being filed to merely reflect a change in the registered office address, company has been notified in writing of this change.	ance of my duties, and I am familiar with and for in Chapter 605, F.S. Or, if this docume <u>nt is</u>

If Changing Registered Agent. Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being : or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
-			\ \ \ \ \
•			Remove
			□ Change
			□Add
			Remove
			□Change
			□Add
			Remove
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			□ Change
		·	
			□Remove
			Change
			□Add
			□Remove
			[**]Change

Page 2 of 3

, ,	ation, enter change(s) here: (Attach additional sheets, if necessary.)
	<u> </u>
	
	
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E. Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this bl document's effective date on the D	ist be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.026 lock does not meet the applicable statutory filing requirements, this date will not be listed a
b) The 90th day after the rec	
Dated 31st of Octo	Signature of a member or authorized representative of a member
	In up
	Signature of almember or authorized representative of a member
	Austin Underwood Typed or printed name of signee

Page 3 of 3

Ditt. D. Bach