118000050583

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/s	State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Busir	ness Entity Nar	me)
(Docu	ment Number)	<u> </u>
Certified Copies	Certificates	s of Status
Special Instructions to Fil	ing Officer:	

Office Use Only



800368818478

08/24/21--0.018--027 **28.00

7/20/21

2.20

COVER LETTER

TO:	Reg Div	istration Sec ision of Corp	ction Porations					
SUBJEC	T:	608 BAY LI						
			Name of L	Limited Liability (Company			
The encle	osed	Articles of A	mendment and fee(s) are s	submitted for fill	ng.			
			dence concerning this matt					
			STEVE MALIN					
				Name o	f Person			
				Firm/C	ompany			
			330 BOSTWICK AVE					
				Add	ress	 .		
			DAYTONA BEACH FL	. 32118				
				City/State ar	d Zip Code		-	
			E-mail address	; (to be used for fi	iture annual	report notific	cation)	
For furthe	r inf	ormation cor	cerning this matter, please	call:				
JAY LUC	CAS			38 at {		5-7922		
		Name of F	erson		a Code	Daytime "	l'elephone Number	
Enclosed i	is a c	check for the	following amount:					
■ \$25.0	0 Fil	ing Fee	S30.00 Filing Fee & Certificate of Status	Certifie	Filing Fee & ed Copy at copy is encl		Certified	e of Status &
R C P	Regi Divi: P.O.	ng Address: stration Se sion of Cor Box 6327 hassee, FL	porations		Division The Cent 2415 N.	ition Section of Corporter of Tal	orations	0

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

608 BAY LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on ^{2/26/2018}	and assigned
lorida document number L18000050583		and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	oility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company " the decignation "I I C" or the	althorisis W. L. C. V.
Enter new principal offices address, if applicable:	330 BOSTWICK AVE	appreviation "L.L.C."
Principal office address MUST BE A STREET ADDRESS)	DAYTONA BEACH FL 32118	- 1
		1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1
Inter new mailing address, if applicable:		17.1
Mailing address MAY BE A POST OFFICE BOX)		10
		127
		
If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the na	me of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
· · ·	City	Zip Code

New Registered Agent's Signature, if changing Registered 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	STEVE MALIN	330 BOSTWICK AVE	
		DAYTONA BEACH FL 32118	■Add
		DATE TOWN BEACH PE 32118	□Remove
			□ Change
AMBR	SHIRA THOMPSON	1507 PINE DR COLLEGE PARK	□ Add
		ATLANTA, GA 30349	
			■Remove
			Change
			□Add
			□Remove
			□Change
			□Remove
			ري -
			□ Add
			□Remove ⊃
			ب (Change ≥),
			□ Remove
			□Change

-	
-	
-	
-	
-	
_	
_	
-	
_	
_	
_	
an effe <u>ote:</u> I	ve date, if other than the date of filing: ctive 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 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a not selfective date on the Department of State's records.
ated_	6/21/2021
	$Q \longrightarrow 0$
	Line on Michigan
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00