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| Certified Copies | _ Certificates of | of Status |
| Special Instructions to | Filing Officer: | |
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SECRETARY OF STATE DIVISION OF CORPORATIONS

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COVER LETTER

| TO: Registration So Division of Cor | | | |
|--|---|---|---|
| SUBJECT: THE | Bay bond Name of Line | Group IIC ited Liability Company | <u>.</u> |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | NANCY 3 | De Si S to Name of Person | |
| | THE BAY bo | Firm/Company | . C. |
| | | Mare Hollow Address | Road |
| | Alten, | 5. C. 29803 City/State and Zip Code | |
| | RJStee E-mail address: (| 1030 DOUTLOOK. | COM ication) |
| For further information e | oncerning this matter, please c | all: | |
| Rolph Des | oi Sto f Person | at (<u>772</u>) <u>63/-</u> Area Code Daytime | Hb 36 Telephone Number |
| Enclosed is a check for the | ne 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| • | _ | | | | | |
|---|-------|--|-----|--|--|--|
| | | | , , | | | |
| | | | | | | |

| THE BAY box | ited Liability Company (A Florida Limited Liab | as it now appears of | on our records.) | | |
|--|--|--|----------------------------|----------------|----------|
| The Articles of Organization for this Limited L | Liability Company we | ere filed on Ap | ril 30,2018 | _ and as | signed |
| Florida document number <u>L 18 000 1 0 7</u> | 1857 | | · | | |
| This amendment is submitted to amend the fol | lowing: | | | | |
| A. If amending name, enter the new name of | of the limited liabilit | y company here | <u>:</u> : | | |
| | | | | | |
| The new name must be distinguishable and contain the | words "Limited Liability | Company," the desi | gnation "LLC" or the abbre | viation "L | L.C." |
| Enter new principal offices address, if appli- | cable: | | | | |
| (Principal office address MUST BE A STREE | ET ADDRESS) | | | <u>ಹ</u> | <u> </u> |
| | _ | ······································ | | AU& | <u> </u> |
| | | | | -2 | F II |
| Enter new mailing address, if applicable: | - | · | | <u>~</u> | <u> </u> |
| (Mailing address MAY BE A POST OFFICE | <u>(BOX)</u> | | | <u> </u> | SO |
| | _ | | | ္ဆင္တ | 110215 |
| D. If amending the registered agent and registered agent and/or the new registered of | ffice address here: | | | | |
| Name of New Registered Agent: | ANNA | beile | Desisto | <u>.</u> | |
| New Registered Office Address. | Some as | Existing Enter Floodd | OFFICE Address | <u>r.e.s.s</u> | |
| | | <u></u> | , Florida | | |
| | | City | | Zip Code | |
| New Registered Agent's Signature, if changing | Registered Agent: | | | | |
| I hereby accept the appointment as registered provisions of all statutes relative to the provi | • | · . | | | • |

Changing Registered Agent, Signature of New Registered Agent

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 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 | Name | Address | Type of Action |
|-------------|------------------|------------------------|----------------|
| MGR | Ralph J. Desisto | PAIN City FL. 34990 US | S □ Add |
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| ffective date, if other | than the date of | f filing: | | | | | _ (optiona | ah. | |
| an effective date is listed, th | ne date must be snec | itic and ca | annot he pri | | | | lavs after tili | ng,) Pursuar | |
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Filing Fee: \$25.00