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TO:	Registration Se Division of Cor			•
CHB	GULF BAY	HOMES, LLC		
306	JEC1	Name of Limi	ted Liability Company	
		Amendment and fee(s) are sub-	· ·	
rieas	se return an correspo	ndence concerning this matter t	to the following:	
		Anthony DiNardo, CFO		
		Gulf Bay Homes, LLC	Name of Person	
			Firm/Company	
		8156 Fiddler's Creek Parkw	<i>r</i> ay	
			Address	
		Naples, FL 34114		
		lordv@fiddlerscreek.com	City/State and Zip Code	<u> </u>
		E-mail address: (t	o be used for future annual report notifi-	cation)
For t	urther information co	oncerning this matter, please ca	ll:	
Vale	rie L. Lord		239 732-9300 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Encl	osed is a check for th	e 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 Fec. 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

GULF BAY HOMES, 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 were filed on 08/07/2018 and assigned Florida document number L18000194609 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: GULF BAY DEVELOPMENT, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: N/A (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida City

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>	<u>Address</u>	Type of Action
		N/A	
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record spe	cifies a delayed effect	tive date, but not	an effective time,	at 12:01 a.m. on t	he earlier
he 90th da	y after the record is f	filed.			
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Typed or printed name of signee

Filing Fee: \$25.00