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ALLAMASSEE, FLORID

JUL 1 8 2019 S. YOUNG

COVER LETTER

TO:		tration Section of Corp		· ·				
CLID	JECT: _	Bayshore He	alth and Wellness, LLC					
300	JECT: _	Name of Limited Liability Company						
The o	enclosed A	Articles of A	amendment and fee(s) are sub-	mitted for filing.				
Pleas	se return al	ll correspon	dence concerning this matter	to the following:				
			Ryan L Baker					
			Bayshore Health and Welli	Name of Person				
			2299 9th Ave N Suite 1A	Firm/Company				
Address St. Petersburg, FL 33713					<u>. </u>			
			rlb4227@gmail.com	City/State and Zip Coxle				
			E-mail address; (t	o be used for future annual	report notification	n)		
For f	urther info	ormation co	ncerning this matter, please ca	111:				
Ryar	ı L Baker			813 29 at ()	8-6545			
		Name of	Person	Area Code	Daytime Telep	ohone Number		
Enclo	osed is a c	heck for the	following amount:					
■ \$	325.00 Fili	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee of Certified Copy (additional copy is end		□ \$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

Bayshore Health and Wellness 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 02/01/2019 and assigned Florida document number $\frac{1.19000033299}{1.19000033299}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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

If 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Shannon L Baker	2299 9th Ave North, Suite 1A St. Petersburg, FL 33713	⊟ Add
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Effective date, if other	r than the date of filing:		(optional)	
f an effective date is listed,	the date must be specific and cannot	be prior to date of filing or me	ore than 90 days after filing.) Pursuant to 605	
	te on the Department of State's i		requirements, this date will not be liste	ed as
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	a delayed effective date, i or the record is filed.	out not an effective ti	me, at 12:01 a.m. on the earlie	er oi
The Sour day dice	Title record is med.			
1st of July	2019	9		
Dated	·	•		
/ (· M			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00