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(((H19000116586 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name ; FILINGS, INC. Account Number : 072720000101 Phone : (954)791-2100 Fax Number : (954)583-4117

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BAYSHORE 1006, LLC**

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Corporate Filing Menu

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Ε.,

COVER LETTER

TO: Registration Section Division of Corporations	
-	
SUBJECT:Bay	Shore 1006, LLC
-	Name of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registe	ered Office Change and fee(s) are submitted for filing.
Please return all correspondence conce	
	and the matter to the tottoming:
JOHN D'Angelo	
Name of Person	
Firm/Company	
-	
709 E Las Olas	Blvd
709 E Las Olas	
Fit Lauderdale, Fi	
	•
City/State and Zip C	Code
E-mail address: (to be used for future	re annua report notification)
	•
For further information concerning this m	atter, please call:
Name of Person	at ()
·	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS	MAILING ADDRESS:
Division of Companies	
Division of Corporations Clifton Building	Division of Corporations
2661 Executive Center Circle	P.O. Box 6327
Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the follow	ving amounts
\$25 Filing Fee	
INHS18 (2/14)	S55 Filing Fee & Certified Copy

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ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

Bayshore 1006	LLC		
	Jability Company as it now auditorida Limited Liability Company		
The Articles of Organization for this Limited Liabil	lity Company were filed on	March 2	5 2019 and arrianced
Florida document number <u>L190008</u>	1248		- i i mic essigned
This amendment is submitted to amend the following	ig:		
A. If swending name, enter the new name of the	limited liability company	hane	
	-		豆丝 🤨
The new mame must be distinguishable and contain the words	"Limited Liability Company," the	designation "LLC" o	or the abbreviation "L.C."
Enter new principal offices address, if applicable			一環の
(Principal office address MUST BE A STREET A	ODRÆSSI		Ф П
			- P O
			ID: 3
Enter new mailing address, if applicable:			<u> ૄ</u> છે
Mailing address MAY BE A POST OFFICE BOX	2		
B. If amending the registered agent and/or re- registered agent and/or the new registered office a	egistered office address of	n our records, g	nter the name of the ner
	Moess Here.		
Name of New Registered Agent:			
New Registered Office Address:			
	Exter Flo	rida stresi address	
_		, Florid	·
_	Clay		Zip Code
New Registered Agent's Signature, If changing Registe			
I hereby accept the appointment as registered ages provisions of all slatutes relative to the process and	nt and agree to act in this	apacity. I furthe	r agree to comply with the

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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.

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If amending or removed (Authorized Person(s) av	rized to manage, enter the title, name, a	address of each person being added
MGR = Ms AMBR = As	anager othorized Member		
<u> Title</u>	<u>Name</u>	Address	Type of Action
MGR	Rossell Kim	Brell 709 E. Las O.	
		FT. Laurerpale	ES BLUO DANG
			Clange
			Add
			Remove
		<u> </u>	Change
			O Reference
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<u> </u>			D Add
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			CJ Add
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document's effective date on the Department of State's a	(optional) the prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 applicable statutory filing requirements, this date will not be listed records. Out not an effective time, at 12:01 s.m. on the earlier
Dated	
Daiso	
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Page 3 of 3 Filing Fee: \$25.00