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SECRETARY OF STATE
FALLAHASSEE, FLORIDA

APR 15 2019 TECHROEDER

## **COVER LETTER**

10:	Division of Corporations	
SUBJ	ECT: Bay Shore	1006, LLC
	· · · · · · · · · · · · · · · · · · ·	ted Liability Company
Dear	Sir or Madam:	
The e	nclosed Registered Agent/Registered Office Chang	e and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter t	o the following:
J	OHN D'Angelo	
	Name of Person	<del></del>
	Firm/Company	
70	9 E Las Olas Blud	
	Address	<del></del>
Ft	9 E Las Olas Blvd Address Lauderdale, Fi 33301	
	City/State and Zip Code	
	***	<del></del>
	2-mail address: (to be used for future annual report	notification)
For fu	rther information concerning this matter, please cal	II:
	i	
	Name of Person	) Area Code & Daytime Telephone Number
	t erson	Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS:	MAILING ADDRESS:
	Registration Section	Registration Section
1	Division of Corporations	Division of Corporations
グ	Clifton Building	P.O. Box 6327
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
	Enclosed is a check for the following amount:	
	S25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHSI	8 (2/14)	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Bayshore 1006, LL	- C
Bayshore 1006, LL (Name of the Limited Liability Com (A Florida Limited	npany as it now appears on our records.) ad Liability Company)
The Articles of Organization for this Limited Liability Compa	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "LLC" or the abbressationL.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	R-5 R D
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	ATE RIDA
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, <u>enter the name of the new</u> tere:
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 Age:	nf:

['

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
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Filing Fee: \$25.00