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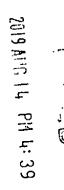
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C. GOLDEN AUG 22 2019

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	Day Point Cont	Tacting, LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Alexande	Name of Person	
	Bay Po	ant Contracting	
	<u>8321 F</u>	Pine River Rd Address	
		City/State and Zip Code	·
	Digids or s	mall @ gmail. (C) to be used for Tuture annual report notif	e(M leation)
For further information c	oncerning this matter, please ca	all:	
Alexand Name o	les Kolosov Person	at (\frac{1}{\rm Area Code}) \frac{503-}{\rm Daytime}	H3U3 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 **OF**

ARTICLES OF ORGANIZATION

Bay Point	Contractine, LLC 2019 AUG 14 PM 4:31
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appeals on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L 1900086828</u> .	bany were filed on $3.28-2019$ and assigned
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 I	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	ed office address on our records, enter the name of the lengthere:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	City Zip Code

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 a 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.

City

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Dana Kolosov	8321 Pine River Rd	🗀 Add
		8301 Pine River Rd Tampa FL 33637	Remove
			Change
			☐ Remove
			☐ Change
			🗅 Add
			□ Remove
			Change
			□ Remove
		<del></del>	Change
			🗆 Add
			□ Remove
			Change
			□ Remove
			Change

(If an e <u>Note</u> :	tive date, if other than the date of filing:  [Gottional]  [Gottional]  [Flective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020  [If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
If the re (b) The	ecord specifies a delayed effective date, but not an effective time, at $12:01~a.m.$ on the earlier of eaction day after the record is filed.
Dated	Signature of a member or authorized representative of a member
	Dage Kolowi

Page 3 of 3

Filing Fee: \$25.00