

L19000089347

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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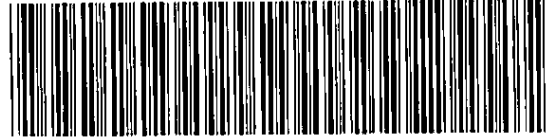
Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE

DEC 20 2023

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Bayou RV & Storage, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jon Partin  
Name of Person  
Bayou RV & Storage LLC  
Firm/Company  
PO Box 781 PSJ FL 32457  
Address  
\_\_\_\_\_  
City/State and Zip Code  
bayourvpsj@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jon Partin at (918) 605 6916  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Bayou RV & Storage 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 4/1/19 and assigned  
Florida document number L19000089347.

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 "L.L.C."

Enter new principal offices address, if applicable:

Same  
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

Same  
(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:

Same - Jennifer Pachtin

New Registered Office Address:

PO box 781

Enter Florida street address

PSJ

City

Florida

32457

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 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.

[Signature]  
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>	<u>Type of Action</u>
MGR	Keven Partin	PO Box 781, PSJ, FL 32457	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Keven Partin	PO Box 781	<input type="checkbox"/> Add
		PSJ, FL 32457	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jennifer Partin	PO Box 781	<input checked="" type="checkbox"/> Add
		PSJ, FL 32457	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Please remove Keven Partin from authorized  
detail portion of as well as registered agent.

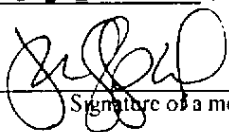
E. Effective date, if other than the date of filing: Dec 1, 2023 (optional)

(If an effective 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 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated Nov 30, 2023



Signature of a member or authorized representative of a member

Jennifer Partin

Typed or printed name of signer