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Division of Corporations
SUBJECT: Lillian Bay Holdings L.L.C. Name of Limited Liability Company
Same of Faither Facility Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Brad M Beatty Name of Person
Firm ^o Company
P.O. Box 935
Saint Peters burg, FL 33731 City/Side and Zip Code
Life media USAP gmail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Brod M Beatty at (941) 815-7373 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee S \$30.00 Filing Fee & U \$55.00 Filing Fee & U \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section STREET/COURIER ADDRESS: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v	vere filed on <u>07/16/20/9</u> and assign
Florida document number <u>L 19000182272</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbreviation "I.4.6"
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	10.11 DC
	CT-7
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	7
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as po- being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am familiar with <mark>d</mark> a vovided for in Chapter 605, F.S. Or, if this documen

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

MGR = M $AMBR = A$	fanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	
AR	CYRLE BARNES	10125 Woodleaf cir	
		10125 woodleaf cir, Gross Valley, CA	Rema
			□ Chan; □
AR	Sovinghillian Bay (Lilly)		
		2004th street N Saint Petersbury, FL 33701	Remo
			Chang
MGR	Brudley in Beatty	200 4th Street N Saint Pekrsburg Florida 33701	Œ Add
			□ Remove
			Change
,			
			Remove
			Change
			D Add
		•	□ Remove
			C'hange
			
			Remove
			🗆 Change

E. Effective date, if other than the date of filing:(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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed.
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 earlie (b) The 90th day after the record is filed.
Dated September, 16 2019
Dated September 16 . 2019. But But But Signature of a member or authorized representative of a member
13 rod Beatty Types or printed name of signee
Typest or printed name of signed
Page 3 of 3

Page 3 of 3

Filing Fee: \$25.00