

L19 000232431

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bayshore Babes 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:

Amber Williams
Name of Person

Bayshore Babes LLC
Firm/Company

3413 S Belcher Dr.
Address

Tampa, FL 33629
City/State and Zip Code

Amberbla@gmail.com
E-mail address: (to be used for future annual report notification)

2022 DEC 19 PM 1:57

For further information concerning this matter, please call:

Amber Williams at (813) 485-2105
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**

Bayshore Babes 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 9/13/19 and assigned Florida document number 419000232431.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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:

Amber Williams

New Registered Office Address:

3413 S. Belcher Dr.

Enter Florida street address

Tampa

City

Florida

33629

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.

Amber Williams

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	Dritan Tahiraj	3413 S Belcher Dr.	<input type="checkbox"/> Add
		Tampa, FL. 33629	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Amber Williams	3413 S Belcher Dr.	<input checked="" type="checkbox"/> Add
		Tampa, FL. 33629	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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2022 DEC 10 PM 1:37

2022 DEC 19 PM 1:37

12/15/2022

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.

Dated December 15, 2022.

Dorian Talley
Signature of a member or authorized person

Signature of a member or authorized representative of a member

Dritan Tahiri

Typed or printed name of signee