L00000 75500

(R	equestor's Name)	
(A	ddress)	_
(A	ddress)	
(C	ity/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nam	ne)
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

Fee, f Status & py v 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

Bay Tree	Townhom	252020 L. 12C	H: 37
(Name of the Limited Liabil (A Florid	ity Company as it now app a Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liability (Florida document number 100007550		3.9.20	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company	here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the	e designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable:	 		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our	records, <u>enter the na</u> r	ne of the new registere
Name of New Registered Agent:			
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·		
	Enter F	lorida street address	
		, Florida _	
	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 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being ads or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
mgr	Sally D. Bunzmann	6716 NW 67 Ave	
	1	Gainesville, FL 32653	□Remove
			Change
Amor_	PAUL W Brachhold	15214 NW 94TH AVE	____\\dd
		PLACHUA FL 32615	□Remove
			□ Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

	
ective	date, if other than the date of filing: (optional)
n effectiv i te: If th	we 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 605.0 he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
cument'	's effective date on the Department of State's records.
ecord sp is filed.	secifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the second of the second
ited	3.24.20 Paul W Th
	Signature of a member or authorized representative of a member

Typed or printed name of signee