La couch aucq

(Requestor's Name)
(Address)
(Address)
(Hadiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(coornant turns)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800391744558

08/08/32--01008--018 **50.00

2022 AUG -8 AHII: 56

ALABASSEE E

2022 AUG -8 AHILL

Ch sisis or a

COVER LETTER

TO:

TO: Registration . Division of C			
SUBJECT: Re	ef Bay Pr	operfies, LL ted Liability Company	
The enclosed Articles (of Amendment and fee(s) are subt	mitted for filing.	
Please return all corres	condence concerning this matter	to the following:	
	_	Onne Name of Person	
		Firm/Company	
	1905 11	W 137th Te,	
		Address	''.
	Pem brok	a Pines, FL	33098
	E-mail address: (City/State and Zip Code Ne 11 @ hotmai to be used for future annual report notit	L. COM
For further information	concerning this matter, please ca	all·	
RUSS	Connell of Person	at (<u>954</u>) <u>605</u> Area Code Daytime	7 - 96 77 Telephone Number
Enclosed is a check fo	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)
P.O. Box 6	n Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations `allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 9/14/200 and assigned

Florida document number 1, 2000 286692

he new name must be distinguishable and contain the words "Limited Liabil	hty 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)	
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:

	/ "(O)	, Florida
New Registered Office Address:	Enter Florida stree	t address
Name of New Registered Agent:		

New Registered Agent's Signature, if changing Registered Agent:

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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 added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	Equity Asset, LLC.	1718 Capitol Ave.	X Add
	,	1718 Capitol Ave. Cheyenne, WY 82001	□Remove
			□Change
AMBR	Russ S Connell	1905 W 137 H Ferr.	
		Pembroke Pines, FL 3302.	8 KRemove
			OChange
<u>AUBR</u>	Laurie K Connell	1905 NW 137th TRIV.	⊟Add
		Pembroke Plus, FL 3302	Remove
			□Change
			□Add
			©Remove
			[] Change
			🗆 Add
			□Remove
			Change
			🗆 🗆 Add
			□Remove

Change

			<u></u>			
						
						····
			_			
				·····		
						
						
				· · · · · · · · · · · · · · · · · · ·	-1	
						
						
·						
ective date, if of	ther than the date of I ted, the date must be specifi	filing:		 	_ (optional)	
	ted, the date must be specifi erted in this block does (
ument's effective	date on the Department	of State's reco	rds.			
	1 1 60 0 1 1 1				e a e me po	
cora specines a a s filed.	elayed effective date, bu	i noi an cifectiv	ve time, at 12101	a.m on me earn	eroi (b) The 90	in day after the
Λ						
ed 1410g U	<u>sh</u> 8	<u>201</u>	2.			
	0	1	18			
	1/1.12	α	<i></i>			
	SI Russ Signature	of a member or a	uthorized represen	ntative of a membe	r	

Filing Fee: \$25.00