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PICK-UP	☐ WAIT	MAIL
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Certified Copies Certificates of Status		of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

Division of Co			
SUBJECT:		ON THE BAY LLC	
SUBJECT:		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter	-	
	STACY SMALL		
		Name of Person	
	2) (1991) 9910) (1920)		
	SMITH THOMPSON SH.		
Firm/Company 3520 THOMASVILLE ROAD - 4TH FLOOR			
		Address	
	TALLAHASSEE, FL 323	09	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report not	tification)
For further information of	concerning this matter, please o	ali:	·
STACY SMALL		850 893-4105	
Name o	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addre</u> Registration		Street Address: Registration Se	ection
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee	
Tallahassee,			t attanassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

2022 SEP -7 AH 9: 11

SITTING ON THE BAY LLC

(Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company)

12/09/2020 The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number L20000377194 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: CARMIN NEDLEY Name of New Registered Agent: 415 ST FRANCIS #127 New Registered Office Address: Enter Florida street address

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.

City

TALLHASSEE

If Changing Registered Agent, Signature of New Registered Agent

, Florida 32301

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>	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Remove
			□Change
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_	ng any other information, enter change(s) here: (Attach additional sheets, if nec		
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If an effe <u>Note:</u>	tate, if other than the date of filing:	r filing.) Pursuant to 605.0	
he record ord is file	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b	o) The 90th day after	the
Dated _	Signature of a member or authorized epresentative of a member		
	STRUCTURE OF A INCIDENT OF AUGUST ZEGLIFED RESERVATIVE OF A MEMBER I		

Filing Fee: \$25.00