

L20 000 383743

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

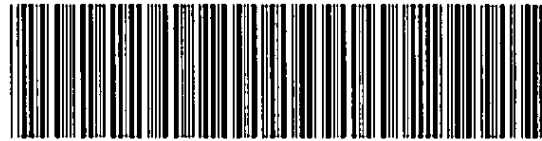
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07/15/21

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: BAYSIDE TEAM, 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:

COLEEN M TARTAGLIA

Name of Person

BAYSIDE TEAM, LLC

Firm/Company

800 BAYWAY BLVD #11

Address

CLEARWATER BEACH, FL 33767

City/State and Zip Code

COLEEN800@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

COLEEN M TARTAGLIA

Name of Person

727 225-1674
at ()

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**

BAYSIDE TEAM, 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 12/03/2020 and assigned
Florida document number L20000383743.

This amendment is submitted to amend the following:

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

SAME

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:

SAME

(Principal office address MUST BE A STREET ADDRESS)

SAME

SAME

SAME

SAME

SAME

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:

SAME

New Registered Office Address:

SAME

Enter Florida street address

SAME

Florida

City

SAME

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.

N/A
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/RA	COLEEN M TARTAGLIA	800 BAYWAY BLVD #11	<input type="checkbox"/> Add
		CLEARWATER BEACH, FL 33767	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	VAN ORMOND	800 BAYWAY BLVD #11	<input type="checkbox"/> Add
		CLEARWATER BEACH, FL 33767	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	TIFFANY MACROLI	800 BAYWAY BLVD #11	<input type="checkbox"/> Add
		CLEARWATER BEACH, FL 33767	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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2020 JUL 17 AM: 24

(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 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Coleen M. Tortorelli
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00