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COVER LETTER

	Registration Se Division of Cor			
	Park Bayou	LLC		
SUBJEC			ited Liability Company	<u> </u>
The enclo	sed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please ret	um all correspo	ndence concerning this matter	to the following:	
		Steve Struthers		
			Name of Person	
		Park Bayou, LLC		
			Firm/Company	
		8100 Park Blvd, Suite: Ba	you Tinting	
			Address	
		Pinellas Park, FL 33781		
		•	City/State and Zip Code	· <u> </u>
		parkbayoutl@gmail.com		
P. G. ale			to be used for future annual report n	otification)
		oncerning this matter, please c		
Steve Str	uthers		727 315-3000 at ()	
	Name o	f Person	Area Code Days	time Telephone Number
Enclosed:	is a check for th	ne following amount:		
■ \$25.0	0 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>Jailing Addres</u> Registration S		Street Address: Registration S	
	Division of C		Division of C	
F	P.O. Box 632	7	The Centre of	
[]	Tallahassee, F	·L 32314	2415 N. Mon	roc Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Park Bayou, LLC

SECRETARY OF STATE
TALLAHASSEE, FL

(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 Com	pany were filed on 02/15/2021	and assigned
Florida document number <u>L21000075771</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida Zip Code
	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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
VP	Ronald Struthers		□Add
		8100 Park Blvd, Pinellas Park, FL 33781	≅ Remove
			□Change
			□Add
			[]Remove
			□Change
			□Add
			□Remove
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