L21000096077

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Due in a di Fasika Mana)
(Business Entity Name)
(Charves and Niverban)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.
Incorrect Form WZLIOOUU18984
WZ4000018984

Office Use Only



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01/16/24--01023--011 **35.00





COVER LETTER

Division of Corp			
Bayside Do-	ck Repair LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Jeffrey A. Whitehead		
		Name of Person	
	Bayside Dock Repair LLC		
		Firm/Company	.
	8437 Rock Hill Rd.		
	-	Address	
	Ponce de Leon, FL 32455		
	jeffreyalter123@gmail.com	City/State and Zip Code	
	· · · · — -	to be used for future annual report notific	ation)
For further information co	oncerning this matter, please ca	atl:	
Jeffrey A. Whitehead		850 307-7553	
Name of	Person	at ()at () Nrea Code Daytime 1	Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	<u>:</u>	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

FILED

Bayside Dock Repair LLC		2024 JAN 16 AH 6: 43
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records d Liability Company)	<u>.</u>) :
The Articles of Organization for this Limited Liability Compar Florida document number L21000096077	ny were filed on 02/26/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
Bayside Construction Company LLC		
The new name must be distinguishable and contain the words "Limited Lia	bility 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 offic agent and/or the new registered office address here:	e address on our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flo	rida 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:

or removed it our treores.		
MGR = Manager		
AMBR = Authorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Remove
			Change
			DAdd
			□Remove
			□Change
			🗀 Add
			☐ Change
			□Add
			Remove
			Change
			□Add
			□Remove
			□Change

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is filed.	y after the
February 12 2024	
ated	
NAME OF WAR	
Signature of a member or authorized representative of a member	
	

Filing Fee: \$25.00



February 5, 2024

JEFFERY A WHITEHEAD 8437 ROCK HILL RD. PONCE DE LEON, FL 32455

SUBJECT: BAYSIDE DOCK REPAIR LLC

Ref. Number: L21000096077

We have received your document for BAYSIDE DOCK REPAIR LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a COPORATION, but your entity is a FLOIRDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 424A00002448