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COVER LETTER

TO: Registration So Division of Con			
	Capital LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Steven L. Hayes		
		Name of Person	
	Steven L. Hayes, PA		
		Firm/Company	
	P.O. Box 4929		
		Address	
	Clearwater, FL 33758		
		City/State and Zip Code	
	steve@slhayespa.com E-mail address: (to be used for future annual report notific	cation)
For further information of	concerning this matter, please c	all:	
Steven Hayes		727 238-5754	
Name of Person		at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Fifing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fec,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Station Addin	co-	Street Address:	APR 10
Mailing Address: Registration Section		Registration Sect	tion 2
Division of Corporations		Division of Corp	orations $\frac{\mathbb{D}}{\mathbb{D}}$
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Ta 2415 N. Monroe	Street, Suite 810
, and asset		Tallahassee, FL.	32303 ∞

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bay Valor Capital 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 $\frac{\text{March } 31,2021}{\text{March } 31,2021}$ _____ and assigned 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 "LLC." 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: Name of New Registered Agent: 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.

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>	Type of Action
MGR	Cleman Agami	400 Cleveland Street	∰Add
		Clearwater, FL 33755	□Remove
			□Change
MGR	Clem Agami	400 Cleveland Street	□Add
		Clearwater, FL 33755	■Remove
			☐Change
			□Add
			□Remove
			□Change
		,	□Add
			□Remove
			□ Change (7) 20 □ Add
			APR : Remove
			D Grange
			- ∞ □Add
			□Remove
			□Change

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ective date, if other than the effective date is listed, the date must	date of filing: t be specific and cannot be prior t	o date of filing or more tha	(optional) m 90 days after tiling	.) Pursuant to 605.020
te: If the date inserted in this blo ument's effective date on the De	ock does not meet the applica	ble statutory filing requ	tirements, this date	will not be listed a
amone serieure date on the De	spartment of state a records.			
cord specifies a delayed effective	e date, but not an effective tin	ne, at 12:01 a.m. on the	e earlier of: (b) Th	ie 90th day after
s filed.			: :	VD.
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Filing Fee: \$25.00