L21000164181

(Requestor's Name)
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C. BRUMBLEY
JUN 1 7 2022

COVER LETTER

	Registration Se Division of Co			
SUBJEC	Meno I LI	C	-	
SOBJEC	-1; <u></u>	Name of Lim	ited Liability Coinpany	ė
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Jenny Countz		
			Name of Person	
		ZenBusiness Inc.		
			Firm/Company	
		5511 Parkcrest Drive, Suit	e 103	
			Address	
		Austin, TX 78731		
		fulfillment@zenbusiness.cc	City/State and Zip Code om to be used for future annual report	antification)
For furth	er information of	concerning this matter, please co		inancanany
Jenny C	ountz		844 493-6249	
	Name o	of Person	at () Area Code Day	time Telephone Number
Enclosed	l is a check for t	he following amount:		
■ \$25.	00 Fiting Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addre Registration		Street Address Registration	
	Division of C	Corporations	Division of C	Corporations
	P.O. Box 631	27	The Centre o	of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Meno 1 LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our record d Liability Company)	ds.)
The Articles of Organization for this Limited Liability Compar Florida document number $\frac{4.21000164181}{1.21000164181}$.	ny were filed on 04/08/2021	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:	
Bayview Advisors LLC		
The new name must be distinguishable and contain the words "Limited Lia	hility Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2077
Principal office address MUST BE A STREET ADDRESS)		H T
		R 25
Enter new mailing address, if applicable:		SEE BO
Mailing address MAY BE A POST OFFICE BOX)		υΞ ω
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	e address on our records, <u>enter</u>	the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre.	NN
		lorida
	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 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>	Address	Type of Action
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			□Remove
			☐ Change
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