

L21000196974

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

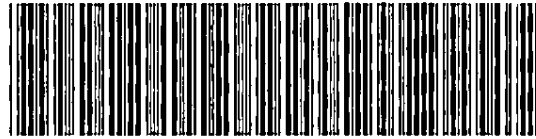
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Received  
07/12

Office Use Only

S.E.  
07/13/21



800365370848

2021 JUL 12 A 11:24

RECEIVED



RECEIVED

2021 JUL 12 PM 12:42

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 24, 2021

RUDI C. LOEHWING  
10601 S. BELCHER ROAD  
SEMINOLE, FL 33777

SUBJECT: BAY WITH A VIEW LLC  
Ref. Number: L21000196974

We have received your document for BAY WITH A VIEW LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

The fee to file your limited liability company document is \$25. Please include an additional \$30 for each certified copy (optional) requested and an additional \$5 for each certificate of status (optional) requested.

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.

Summer Chatham  
OPS

Letter Number: 521A00014345

2021 JUL 12 A 11:24

11:17 PM

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: BAY WITH A VIEW, 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:

Rudi C. Lochwing

Name of Person

Firm/Company

10601 S. BELCHER ROAD

Address

SEMINOLE, FL 33777

City/State and Zip Code

rudil@goapg.com

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

For further information concerning this matter, please call:

Rudi C. Lochwing

727 9026568  
at ( ) Daytime Telephone Number

Name of Person

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, A  
Certificate of Status & 1  
Certified Copy 7  
(additional copy is enclosed) 4

**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

RECEIVED  
MAY 20 2011

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

BAY WITH A VIEW, 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 28 April 2021 and assigned Florida document number L21000196974.

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 "L.L.C."

**Enter new principal offices address, if applicable:**

10601 S. BELCHER ROAD, SEMINOLE, FL 33777 USA

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

10601 S. BELCHER ROAD, SEMINOLE, FL 33777 USA

**(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

Florida

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>                      | <u>Address</u>                            | <u>Type of Action</u>                      |
|--------------|----------------------------------|---|--|
| MGR          | Claire Loehwing                  | 10601 S. BELCHER ROAD, SEMINOLE, FL 33777 | <input type="checkbox"/> Add               |
|              |                                  |   | <input checked="" type="checkbox"/> Remove |
|              |                                  |   | <input type="checkbox"/> Change            |
| MGR          | Cummins World Wide Holdings, LLC | 10601 S. BELCHER ROAD, SEMINOLE, FL 33777 | <input checked="" 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 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            |

10/21  
11/24  
A 11:24  
D

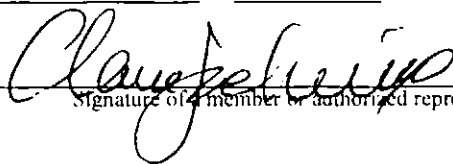
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

ETN: 86-3862334

E. Effective date, if other than the date of filing: 13 May 2021 (optional)  
(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)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated 13 May 2021 12:00 a.m.



Signature of a member or authorized representative of a member

Claire Lochwing

Typed or printed name of signee

Filing Fee: \$25.00