# h21000231020

(Requ	uestor's Name)
(Addr	ess)
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(City/S	State/Zip/Phone #)
	WAIT MAIL
(Busir	ness Entity Name)
(Docu	ument Number)
Certified Copies	Certificates of Status
Special Instructions to Fil	ling Officer:
	Office Use Only

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FLORIDA DEPARTMENT OF STATE Division of Corporations

August 20, 2021

ERIN HUMPRHEY 1683 OAK PL CLEARWATER, FL 33755

SUBJECT: BAY TO SHORE PROPERTY MANAGEMENT AND LEASING LLC Ref. Number: L21000231020

We have received your document for BAY TO SHORE PROPERTY MANAGEMENT AND LEASING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Enclosed is the proper form to make change to the registered agent and to remove an authorized person under the person authorized person detail if you are trying to remove Ryan Lehner completely.

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.

Catherine M Brumbley Regulatory Specialist II

Letter Number: 821A00019996

www.sunbiz.org Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

### **COVER LETTER**

TO: Registration Section Division of Corporations

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SUBJECT: BAY TO SHORE PROPERTY MANAGEMENT AND LEASING 1

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

For further information concerning this matter, please call:

ERIN LIUMPHREY	ar(727, 422-7120	
Name of Person	Area Code Daytime Telephone Number	
	435-671.7466	

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) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> 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

BAT TO SHORE PROPERTY MA (Name of the Limited Liability Compar (A Florida Limited L	NAGEMENT AND LEASINGLUC ny as it now appears on our records.) Jability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\underline{L2100023(020)}$ .	were filed on $5/18/21$ and assigned
This amendment is submitted to amend the following: A. If amending name, <u>enter the new name of the limited liabi</u>	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1683 OAK PL.
(Principal office address MUST BE A STREET ADDRESS)	CLEARWATER, FL 33755
Enter new mailing address, if applicable:	1683 DAK PL. CLEARWATER, FL 33755
(Mailing address MAY BE A POST OFFICE BOX)	CLEARWATER, FL 33755

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> <u>agent and/or the new registered office address here</u>:

Name of New Registered Agent:	ERIN HUMPHRET	100 0C
New Registered Office Address:		ST 80 1
		lorida 33955 C
	City	mi St 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, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

## MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	<b>Type of Action</b>
MGR/	RTAN LEHNER	315 JERU BLVD.	🗆 Add
AMUN		TARPON SPRINGS, FL	Remove
		34669	
			🗋 Change
		- <u>-</u>	🗆 Add
			🗆 Remove
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			🗆 Remove
			Change

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

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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 <u>AUGUST</u>	29 2021	
	Signature of a member or authorized repre	sentative of a member
	ERIN HUMPHREY	· · · · · · · · · · · · · · · · · · ·

Typed or printed name of signee

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