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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

Tallahassee, FL 32314

SUBJECT: Product Bay Luc 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: Blake Baker Name of Person Product Bay Luc Firm/Company Articles and Zip Code Product Bay Luc City/State and Zip Code Product Bay Luc City/State and Zip Code Product Bay Luc Term/Company Area Code Term/Company Area Code Term/Company Area Code Term/Company Term/Company Term/Co	TO: Registration Se Division of Cor			
Please return all correspondence concerning this matter to the following: Bake Baker Bake	SURJECT:	Project	Bay LLC	
Please return all correspondence concerning this matter to the following: Blake Baker Bak		Name of Limite	ed Liability Company	
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Blake Baker Name of Person Project Pay ULC Firm/Company Artiston Aure E Address City/State and Zip Code Project Bay 2020 6 Gmail. conzer at the for future annual report notification) Femail address: (to be used for future annual report notification) Project Baker Baker Area Code Name of Person Area Code Daytime Telephone Number Finclosed is a check for the following amount: Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Registration Section	The enclosed Articles of	Amendment and fee(s) are subm	itted for filing.	
Firm/Company Ar Instan Aue E Address Address Address Address Address Address Address Address Address City/State and Zip Code Product Bay 2020 & Grand Context F-mail address: (to be used for future annual report notification) F-mail address: (to be used for future annual report notification) Area Code Blake Bake at (813) Name of Person Area Code To aytime Telephone Number Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Street Address: Registration Section	Please return all correspo	ondence concerning this matter to	the following:	
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Racke Backer at (813) 297-9032 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Scrifficate of Status Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Street Address: Registration Section		201 Ar	lington Aue	E
Racke Backer at (813) 297-9032 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Scrifficate of Status Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Street Address: Registration Section		ddsn Project	City/State and Zip Code -Bay 2020 6	SECRETADO TALLARDO GAMAIL. CONTRA STANDARDO TALLARDO TALL
Name of Person Same of Person Area Code Daytime Telephone Number	For further information c			fication)
S25.00 Filing Fee S30.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)	Blak Name o		at (<u>& 13</u>) <u>29</u> Area Code Daytim	7-9032 "
Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Certificate of Status & Certified Copy (additional copy is enclosed)	Enclosed is a check for the	he following amount:		
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Division of Corporations Division of Corporations	Registration S	Section		ction
P.O. Box 6327 The Centre of Tallahassee		•		•

2415 N., Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Project 1	Bay LLC
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on June 1st 2007 and assigned OCT 13 III
The new name must be distinguishable and contain the words "Limited Liabi	· · · · · · · · · · · · · · · · · · ·
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	201 Arlington Ave E Oldsmar, I-L 34677
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	201 Arlington Ave E oldsmar, FL 34677
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: 31a	Ke Baker
New Registered Office Address:	At-lington Aul C Enter Florida street address
old	Sma Shorida 34677 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>	Name	Address	Type of Action		
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