121000383594

| (Řec | questor's Name) | |
|---------------------------|-------------------|-----------|
| | | |
| (Add | lress) | |
| | | |
| (Add | lress) | |
| () 100 | 110337 | |
| | | |
| (City | //State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| | | |
| (Bus | iness Entity Nan | ne) |
| (= ::-2 | | , |
| | | |
| (Doc | cument Number) | |
| | | |
| Certified Copies | Certificates | of Status |
| | | |
| 0 | | |
| Special Instructions to F | iling Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | i |
| | | ļ |
| | | |

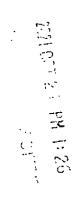
Office Use Only

A. RIVERS NOV 0 2 2021



400375519224

10/25/21--01032--010 *+25.00



COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

| Division of Cor Bayside Bu | siness Park, LLC | | |
|--------------------------------------|---|---|---|
| SUBJECT: | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| | ondence concerning this matter | | |
| r rease return an correspo | machee concerning this matter | to the following. | |
| | Christine Gibree | | |
| | - | Name of Person | |
| | Gib Properties, LLC | | |
| | · · | Firm/Company | |
| | 1114 18th St. SW | | |
| | | Address | |
| | Largo, FL 33770 | | |
| | | City/State and Zip Code | · · · · · · · · · · · · · · · · · · · |
| | oaktreemanor@outlook.com | | <u></u> |
| | | to be used for future annual report noti | fication) |
| For further information c | oncerning this matter, please c | all: | |
| Christine Gibree | | 727 804-5549 at () | |
| Name o | f Person | Area Code Daytim | e Telephone Number |
| Enclosed is a check for the | he 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 Addres | | Street Address: | |
| Registration S Division of C | | Registration Sec Division of Cor | |
| P.O. Box 632 | · | The Centre of T | - |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

| Bayside Business Park, LLC | | |
|--|---|------------------------|
| (Name of the Limited Liability (A Florida Li | Company as it now appears on our records.) mited Liability Company) | |
| The Articles of Organization for this Limited Liability Con | ipany were filed on | and assigned |
| lorida document number L21000383594 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | d liability company here: | |
| he new name must be distinguishable and contain the words "Limited | Liability Company," the designation "LLC" or the | abbreviation "L.L.C." |
| Inter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRES | TS) | |
| | | |
| | | |
| inter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| | | 7 150 |
| . If amending the registered agent and/or registered of | Tice address on our records, enter the na | me of the new register |
| gent and/or the new registered office address here: | | (N) |
| | | 70 |
| Name of New Registered Agent: | | 1 = C |
| New Registered Office Address: | | 1:2 |
| | Enter Florida street address | |
| | | |
| | City | Zio 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.

Zip Code

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 |
|-------------------------|------------------------|------------------|----------------|
| AMBR | Christine Marie Gibree | 1114 18th St. SW | □ Add |
| | | Largo, F1. 33770 | |
| | | | □ Change |
| MGR Gib Properties, LLC | 1114 18th St. SW | = Add | |
| | | Largo, FL 33770 | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | |
| | | | □Remove |
| | | | Change |
| | | | \ \ \ \ \ |
| | | | □Remove |
| | | | □Change |
| | | | |
| | | | □Remove |
| | | | □Chanye |

| | | | | |
|--|----------------------------|--|---|---|
| | | | | · ———— |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | - | | |
| | | ··· | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| · | | | | |
| | | | | |
| | - | | | · |
| | | | | |
| | | - | | |
| | | | | |
| fective date, if other than the number offective date is listed, the date must ote: If the date inserted in this blocument's effective date on the D | ock does not meet the ar | prior to date of filing or oplicable statutory fili | (option more than 90 days after filing requirements, this d | al) ing.) Pursuant to 605,020 ate will not be listed a |
| record specifies a delayed effectivis filed. | e date, but not an effecti | ve time, at 12:01 a.m | , on the earlier of: (b) | The 90th day after the |
| October 21 | 2021 | · | | |
| | | | | |
| Chi | Signature of a member or a | | | |