L21000399234

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COVER LETTER

	gistration Sec vision of Corp				
SHQ IFAT.	Bay Area Cu	irbing LLC			
SUBJEC. 1.		Name of Limited Liability Company			
The enclosed	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return	ı all correspoi	ndence concerning this matter	to the following:		
		Zachary Kamish CPA			
			Name of Person		
		Kamish & Associates CPA	Firm		
			Firm/Company		
		11268 Winthrop Main St S	te 102b		
			Address		
		Riverview, FL 33578			
			City/State and Zip Code		
		zach@kamishepa.com			
		E-mail address: ()	to be used for future annual report in	otification)	
For further i	nformation co	ncerning this matter, please co	all:		
Zachary Ka	mish CPA		813 560-1832		
	Name of	Person	at () Area Code Days	ime Telephone Number	
Enclosed is	a check for th	e following amount:			
≣ \$25,00	Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fec. Certificate of Status & Certified Copy (additional copy is enclosed)	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Bay Area Curbing 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 9/7/2021 Florida document number <u>L21000399234</u> 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 "L.L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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

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 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

AMBR = Authorized Member		Address But 821 27 Mil 7: 39 Type of Action	
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR Cory F	Cory Ringley		ı. ≣Add
		Brandon, FL 33511	□Remove
			□ Change
			□ Add
			Remove
			□Change
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Effective date, if other than the da (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depa	9/14/2021 te of filing: (optional) specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3) t does not meet the applicable statutory filing requirements, this date will not be listed as the artment of State's records.
he record specifies a delayed effective da ord is filed.	ate, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated September 15th	2021
1/2	
h	mature of a member or authorized representative of a member

Filing Fee: \$25.00