

121 000494612

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

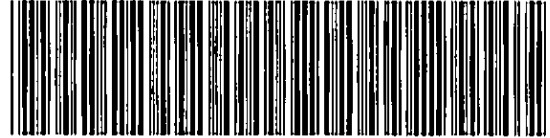
(Business Entity Name)

(Document Number)

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

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2022 MAR 23 AM 7:36  
SECRETARY OF STATE  
TALLAHASSEE, FL

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APR 07 2022



Charles J. Bartlett

2033 Main Street  
Suite 600  
Sarasota, FL 34237  
941.953.8113  
Fax: 941.366.6384  
cbartlett@icardmerrill.com

icardmerrill.com

March 22, 2022

**VIA OVERNIGHT COURIER**

Registrations Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**RE: L21000494612 - Bayside Pet Resort at Wellen Park, LLC**

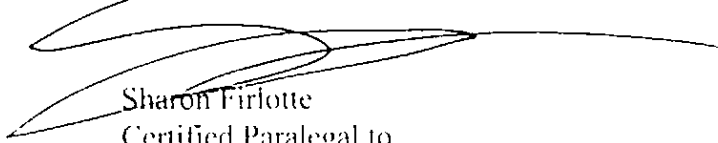
To Whom it May Concern:

Enclosed herewith please find Articles of Amendment to Articles of Organization for the referenced entity changing its name. Also enclosed is a check in the amount of \$30.00 for the filing fee and the Certificate of Status. If you need to reach me, my email address is [sfirlotte@icardmerrill.com](mailto:sfirlotte@icardmerrill.com).

Please let me know if you need anything further.

Very truly yours,

ICARD, MERRILL, CULLIS,  
TIMM, FUREN & GINSBURG, P.A.



Sharon Firlotte  
Certified Paralegal to  
Charles J. Bartlett

Enclosures

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2022 MAR 23 AM 7:36

SECRETARY OF STATE  
TALLAHASSEE, FL

BAYSIDE PET RESORT AT WELLEN PARK, 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 November 17, 2021 and assigned  
Florida document number L2100049-4612.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

BAYSIDE PET RESORT AT WP, LLC

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:

(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

, 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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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[illegible]

(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)

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.

Robert Z. Huff  
Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**