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(Requ	uestor's Name)	
(Addı	ess)	
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(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Docu	ument Number)
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COVER LETTER

Division of Cor	porations				
SUBJECT: 2794	Gulf to Bay Blod	uc			
	Adme of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
		_			
Please return all correspo	ondence concerning this matter	to the following:			
	^				
	Ted K	lose			
	100	Name of Person			
	2794 Gul	F-to Bay Blood LLC			
		Fiful/Compuny			
	2794 G	ull 102 1 2 1			
	01110	Ulf to Bay D vol			
		_			
	clearnate	V FL 33751 City/State and Zip Code			
		City/State and Zip Code			
	Marleysh	ause G2B O Grnail. Com	1	~2	
	E-mail address: (to be used for future annual report noti	tication)	072	
For further information o	oncerning this matter, please ca	all;		2022 KAR - 7 PY 12: C5	
· O					in the second
<u>led Kos</u>	2	at (727) 512 - 3 Area Code Daytim	3843		4 (
Name o	f Person	Area Code Daytim	e Telephone Number		عوديد موسية
Enclosed is a check for th	ne following amount:			To S	
\$25.00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Fili	ing Foo	
425.00 Timing 100	Certificate of Status	Certified Copy	Certificate	e of Status &	
		(additional copy is enclosed)	Certified (Copy copy is enclosed)	
			,		

TO:

Registration Section

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

2794 Gulf	to Buy Blvd LC	
(Name of the Limited L (A F	iability Company as it now appears on our relorida Sudited Liability Company)	ecords.)
The Articles of Organization for this Limited Liabil Florida document number \(\textit{LZ0000 \ 80.724}\) This amendment is submitted to amend the following	<u>o</u> .	and assigned
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words		"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	<u> </u>	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)		
maining address MAT DE A POST OFFICE BOZ	<u> </u>	
B. If amending the registered agent and/or regis agent and/or the new registered office address he	·	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
		. 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 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>	Address	Type of Action
MGR	Ted Rose	1433 Illinais Ane	XAdd
		1433 Illinois Ane palm Harbor FL 34683	□Remove
		- , 	□ Change
			□Add
			□Remove
			□Change
			□Add
		□Remove	
			□Change
			□Add
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			□Remove
			□Change
			□Add
			□Remove
			Change

	
(If an e Note	tive date, if other than the date of filing:
he reco	ord 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 filed.
Dated	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Ted Kose Typed or printed name of signee