## L22000228539

	(Requestor's Name)			
	(Address)			
	(Address)			
	ICALISTA GA Chan HI			
	(City/State/Zip/Phone #)			
PICK-UF	WAIT MAIL			
	(Business Entity Name)			
	(Document Number)			
Certified Copies	Certificates of Status			
Special Instructions to	Filing Officer:			

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## **COVER LETTER**

TO:		tration Section of Corpo				
SUBJE	CT:	SZC BAY	LLC			
	_		Name of Lim	ited Liability Company	<del></del>	
			mendment and fee(s) are sub	-		
				<u> </u>		
			Susan Tamas			
				Name of Person	·	
			_SZC BAY LLC			
				Firm/Company		2028
			2451 Pelican Dr			90 C
				Address		2023 OCT 23 PM 12: 40
			Sarasota FL 34237			GREC 3 P}
				City/State and Zip Code		PM 12: 40
			E-mail address: (	to be used for future annual report notif	ication)	0
For furth	ner info	ormation con	cerning this matter, please c	all:		
Las	zlo Va	ırga		at ( 954 ) 540-9422	)	
		Name of P	erson		: Telephone Number	
Enclosed	d is a c	heck for the	following amount:			
<b>⊠</b> \$25.			☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
			G ADDRESS: on Section	STREET/COURII Registration Section		

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Registration Section
Division of Corporations
Clirton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	SZC Bay LLC	
(Name of the Limited Liah (A Flor	hility Company as it now appears on our records.) rida Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability	Company were filed on 05/16/2022	and assigned
Florida document number <u>L22000228539</u>	·	
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "L	.imited 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 AD	DRESS)	200 200
		<b>6</b> 15 15 15 15 15 15 15 15 15 15 15 15 15
		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
Enter new mailing address, if applicable:		23 23
(Mailing address MAY BE A POST OFFICE BOX)		- <del>10</del> 祝宗: - <b>3</b> 9,4
		72: 2:
		5
B. If amending the registered agent and/or regregistered agent and/or the new registered office agent.	gistered office address on our records, <u>ente</u> <u>ddress here</u> :	the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	Ciţv	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>	Address	Type of Action
MGR	Laszlo Varga	2451 Pelican Dr	
		Sarasota FL 3427	🔀 Remove
			Change
			Add
			Remove
			2003 OC Total Ochanis III.
			Remmander 0,5
			☐ Chanes
			Remove
			Change
			□ Remove
			Change
			□ Add
			Remove
			□ Change

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	บเช่ารักอ์ห์ อัก 2023 OCT
	9P09A12: <b>40</b> 
	_ 0
	_
Effective date, if other than the date of filing:	605.0207 (3)(b listed as the
ne record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea The 90th day after the record is filed.	rlier of:
October 20th 2023	
Signature of a member or authorized representative of a member	
Laszlo Varga  Typed or printed name of signee	

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Filing Fee: \$25.00