

L22000240255

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

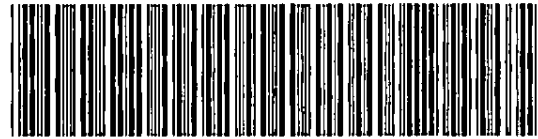
(Business Entity Name)

(Document Number)

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298

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Bay Paradise Housekeeping, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amber Mae Glenn  
Name of Person

Bay Paradise Housekeeping, LLC  
Firm/Company

2860 PineCrest St.  
Address

Vernon, FL 32462  
City/State and Zip Code

jadenight20@icloud.com  
E-mail address (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Amber Mae Glenn at (850) 326-7923  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |  |   |
|--|---|--|---|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|--|---|--|---|

**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**

Bay Paradise Housekeeping, 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 5.24.2022, and assigned Florida document number L22000240255

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 "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

2260 Pinecrest St.  
Vernon, FL 32462

**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>                      |
|--------------|---------------------|-------------------|--|
| AMBR         | Kyle M. Lemoine, Jr | 388 Barton Rd     | <input type="checkbox"/> Add               |
|              |                     | Ponce De Leon, FL | <input checked="" type="checkbox"/> Remove |
|              |                     | 32455             | <input type="checkbox"/> Change            |
|              |                     |                   | <input type="checkbox"/> Add               |
|              |                     |                   | <input type="checkbox"/> Remove            |
|              |                     |                   | <input type="checkbox"/> Change            |
|              |                     |                   | <input type="checkbox"/> Add               |
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|              |                     |                   | <input type="checkbox"/> Remove            |
|              |                     |                   | <input type="checkbox"/> Change            |

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Change mailing address for  
AMBR - Amber Mae E. Glenn  
to 2860 Pinecrest St, Vernon, FL 32462

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E. Effective date, if other than the date of filing: 5.24.2022 (optional)

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Dated 12.21.2022

Anne Grace

Signature of a member or authorized representative of a member

Anne Grace - Registered Agent

Typed or printed name of signee