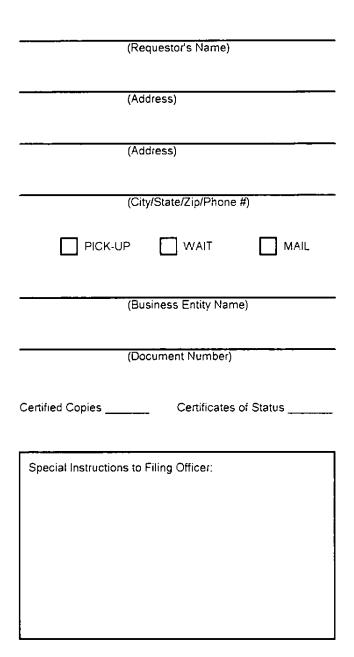
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Office Use Only



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COVER LETTER

	stration Sc sion of Cor			
SUBJECT:		ES BAY B408 LLC		
SUBJECT: _		Name of Lim	ited Liability Company	
The enclosed	Anieles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		JAMES MAHIEU		
			Name of Person	
		PIRATES BAY B408 LI	I.C	
Firm/Company				
694 RANDALL ROBERTS RD				
		-	Address	
FORT WALTON BEACH, FL 32547				
			City/State and Zip Code	
		James.Mahieu@northpoi		
For further int	formation c	E-mail address: (oncerning this matter, please c	to be used for future annual report no all:	tification)
JAMES MA			850 499-6034	
	Name o	f Person	at () Area Code Dayti	me Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$ 25.00 Fi	ling Fee	☐ \$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)
	ing Addres istration S		Street Address: Registration S	ection
		Section Corporations	Division of Co	
P.O	Box 632	27	The Centre of	Tallahassee
Tall	ahassee, l	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PIRATES BAY B408 LLC				
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appe Liability Company	ars on our records.)		
he Articles of Organization for this Limited Liability Company lorida document number	were filed on _	12/29/2022	and assi	gned
his amendment is submitted to amend the following:				
. If amending name, enter the new name of the limited liab	ility company	here:		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the	e designation "LLC" or the	abbreviation "L.L	C."
nter new principal offices address, if applicable:			~>	
rincipal office address MUST BE A STREET ADDRESS)			2024	
				!
			t.>	
iter new mailing address, if applicable:				
failing address MAY BE A POST OFFICE BOX)			<u> </u>	•••
			. <u>သ</u>	
If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our	records, <u>enter the na</u>	ame of the new	register
Name of New Registered Agent:			. •	
New Registered Office Address:	79 17			
	t.nter F	lorida street address		
 		Florida	2. ()	
	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
AMBR	KEVIN MAHIEU	4732 CRAWFORD DR	
		THE COLONY, TX 75077	■Remove
			Change
			🗀 Add
			□Remove
			□ Change
			□Add
		·	
			□Change
			□Add
			🗆 Remove
			□Change
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ffecti an effe	ve date, if other than the entire date is listed, the date must the date inserted in this blent's effective date on the D	ock does not m	neet the applica	o date of tiling or i ble statutory fili	nore than 90 days	optional) after tiling.) Pursi this date will r	iant to 605,020 of be listed a
ote:							. Jaszaftar eha
ote:	l specifies a delayed effectived.	e date, but not	an effective tir	ne, at 12:01 a.m.	on the earlier o	f: (b) The 90th	i day anci die
ote: ocumo record lis file	ed.		an effective tir	ne, at 12:01 a.m.	on the earlier o	f: (b) The 90th	iday anci me
ote: ocumo	ed.	,		ne. at 12:01 a.m.	on the earlier o	f; (b) The 90th	ruay aner me

Filing Fee: \$25.00