# LZ300063891

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(Requestor's Name)	
(Address)	—
(Address)	—
(City/State/Zip/Phone #)	—
(Business Entity Name)	
(Document Number)	_
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Special Instructions to Filing Officer:	
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# **COVER LETTER**

#### **TO: Registration Section Division of Corporations**

Mid Bay Rentals LLC SUBJECT:

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:

Name of Person	
Mid Bay Rentals LLC	
Firm/Company	1024
37 Teak Drive	2024 FEB
Address	
Santa Rosa Beach Flprida 32459	
City/State and Zip Code	
dmin@midbayrentals.com	

For further information concerning this matter, please call:

678 360 \_ at (\_\_\_\_\_) \_\_\_\_ Area Code 360-3540 Simon P Boyes Davtime Telephone Number Name of Person

Enclosed is a check for the following amount:

■ \$25.00 Filing 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)

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 A		
T( ARTICLES OF O Ol	RGANIZATION	
MID BAY RE (Name of the Limited Liability Compar (A Florida Limited L	<u>ny as it now appears on our records.</u> ) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\underline{L2300006389}$	were filed on $05 16 2$	3 and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabi</u>	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	· · · · · · · · · · · · · · · · · · ·	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		
Data and the address of southers		PHEEB -9
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
<u>(Studing unitess information and out of the point</u> )		17100 P. 124
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on ou <mark>r records, <u>enter th</u></mark>	e name of the new registered
Name of New Registered Agent:	- N/A	
New Registered Office Address:	— N/A Enter Florida street address	
	, Flor	ida 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

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<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Nicola Jayne Goodwin	253 Pienic Płace	🗇 Add
		Freeport Florida 32439	□Remove
	<u> </u>		] Add
			🗆 Remove
			□Change
			TAdd TALLAR -9 Ghange
			□Change
			ƏAdd
			⊡Remove
			□Change
	- <u>-</u>		🗆 Add
		·	
			□Change

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

Amendment to Last Name and corrected mailing address of Nicola.

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E. Effective date, if other than the date of filing: \_\_\_\_\_\_(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 February 6th	2024	
	SAA	
	Signature of a member or authorized representative of a member	
	SIMON P. BOYES	

Typed or printed name of signee