Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Fax Number : (813)436-5206

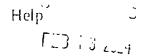
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Fax: 8134365206

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BAYVIEW CIRCLE	LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records Liability Company)	<u>s.i)</u>
The Articles of Organization for this Limited Liability Company	were filed on01/09/2024	and assigned
Florida document number <u>L24000022252</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC"	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	86 Cypress Neck Road	
(Principal office address MUST BE A STREET ADDRESS)	Lincroft, NJ 07738	24.
Enter new mailing address, if applicable:	86 Cypress Neck Road	12 PI
(Mailing address MAY BE A POST OFFICE BOX)		m _c =
Maning agaress MAT BE A FOST OF FICE BOX)	Lincroft, NJ 07738	72 0
		······································
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, <u>enter t</u>	the name of the new registero
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address:	Enter Florida street address	;
New Registered Office Address:		orida

I hereby accept the appointment as registered agent and agree to act in this capacity. I forther 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	Robert Jennings	86 Cypress Neck Road	X Add
		Lincroft, NJ 07738	□Remove
		- · · - · · · - · · · · · · · · · · · · · · · · · · ·	□Change
MGR	Rita Jennings	86 Cypress Neck Road	XAdd
		Lincroft, NJ 07738	Remove
			Change
<u>AMBR</u>	Robert and Rita Jennings Trust da	ited August 24, 2023	XAdd
		86 Cypress Neck Road	□Remove
		Lincroft, N.J 07738	[] Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□ Add
			□Remove
			[T]Change

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From, Registered Agents Inc.

Fax: 8134365206

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ectiv	e date, if other than the date of filing:	430
<u>te:</u> i:	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed	
umei	nt's effective date on the Department of State's records.	
cora s filea	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) —The 90th day after 1.	the
ed	February 12 . 2024 .	
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	- TOTALLA SILVING	
	Signature of a member of authorized representative of a member	