

L24000093532

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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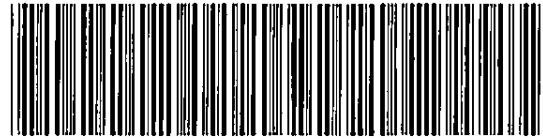
(Business Entity Name)

(Document Number)

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07/08/24

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CHANGE NAME OF 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:

MICHAEL E. BANTON

\_\_\_\_\_  
Name of Person

AMEBA CONSTRUCTION SERVICES

\_\_\_\_\_  
Firm/Company

580 VIN ROSE CIR SE

\_\_\_\_\_  
Address

PALM BAY, FL 32909

\_\_\_\_\_  
City/State and Zip Code

ACS@AMEBAINC.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL E. BANTON

321 343-0500  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

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

STATE OF FLORIDA  
TALLAHASSEE, FL  
JUN 11 2003 11:03 AM

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

BAY CITY BATHROOMS & REMODELING, 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 02/22/2024 and assigned  
Florida document number L24000093532.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

AMEBA CONSTRUCTION SERVICES, LLC

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)

601 21ST STREET

SUITE 300 - #377

VERO BEACH, FL 32960

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

601 21ST STREET

SUITE 300 - #377

VERO BEACH, FL 32960

**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:

MICHAEL E. BANTON

New Registered Office Address:

601 21ST STREET, SUITE 300 - #377

*Enter Florida street address*

VERO BEACH

, Florida 32960

*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>
MGR	MICHAEL E. BANTON	601 21ST STREET	<input checked="" type="checkbox"/> Add
		SUITE 300 - #377	<input type="checkbox"/> Remove
		VERO BEACH, FL 32960	<input type="checkbox"/> Change
MGR	MICHAEL E. BANTON, SR.	6750 N ANDREWS AVE	<input type="checkbox"/> Add
		SUITE 200	<input checked="" type="checkbox"/> Remove
		FORT LAUDERDALE, FL 33309	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TAMPA, FL

2024-09-09 AM 11:04  
FLORIDA STATE  
TALLAHASSEE, FL

(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)

Typed or printed name of signee