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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAX SAVERS Account Number : I20150000107 Phone : (941)625-1925 Fax Number : (941)625-1526

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

Email Address: brandtbays@yahoo.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BAY'S DISTRIBUTING LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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	₽ OF	33				
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	BAY'S DISTRIBU					
-	(Name of the Limited Liability Company (A Florida Limited Lia	as it now appo	ears on our records.)			
	(A Prortal Little Lat	оппу Сопрану	")			
The Articles of	Organization for this Limited Liability Company w	ere filed	05/01/2024	and as	ssigned	
on Florida docu	•	_				
	nt is submitted to amend the following:					
	A 12 340 miles to among the remarking.					
A. If amendin	ig name, enter the new name of the limited liabili	ty company	<u>here</u> :			
	BAYS DISTRIBUTING,	LLC				
The new name mo	is) be distinguishable and contain the words "Limited Liability	Company," th	e designation "LLC" or the al	obseviation "	L.1C."	_
.	t i ee i i i i i i i i i i i i i i i i i					
•	ncipal offices address, if applicable:					_
(Principal offic	ce address MUST BE A STREET ADDRESS)		<u> </u>			
Enter new ma	illing address, if applicable:					
	ess MAY BE A POST OFFICE BOX)					
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B. If amendin	ng the registered agent and/or registered office ad the new registered office address here:	iaress on ou	r records, enter the nam	F-	EARL CAIS	tricu
agent antigor t	the new registered office address ners.			() ()	$\stackrel{\sim}{\rightarrow}$; }
				1	င္သ	
Name	e of New Registered Agent:			- 11 - 1		Ţη
New	Registered Office Address:					
		Enter l	Florida street address	- CO	<u>:</u>	
			. Florida	71 14	07	
		Ciţı	, 1101102	Zip Cod	e	
Name Danis town	d Agent's Signature, if changing Registered Agent:					
I hereby accep	pt the appointment as registered agent and agree	e to act in th	his capacity. I further a	gree to cor	npiy wil.	n ine
provisions of	all statutes relative to the proper and complete p ligations of my position as registered agent as pr	ierjormance moided for i	e of my aimes, and 1 am in Chapter 605 F.S. Oi	jummar v : if this do	cument	is
- accept the abi - heiny filed to	ingations of my position as registered agent as pr merely reflect a change in the registered office (iddress, I he	ereby confirm that the l	imited liah	ility	
	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>	Name	Address	Type of Action
			Add
			□ Remove
			Change
			Add
			Remove
			□Change
			
			Remove
			□Change
			□Remove
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			①Add
			□Remove
			□Спапис

<u> </u>	*****
	
	
E. Effective date, if other than the of (If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	date of filing:
I the record specifies a delayed effective ecord is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated MAY 7TH	2024
	M.Brandt Bays
	Signature of a member or authorized representative of a member
	MICHAEL BAYS
	Typed or printed name of signee