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TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations Change the name of the company 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: Leira Reyes Torres Name of Person Golf to Bay solutions LLC Firm/Company 8426 Boyce St Address Sping Hill FL 34606 City/State and Zip Code xlreyes16@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Leira Reves 5201308 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: **Registration Section** Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Golf To Bay Solutions LLC			1021 N		
(<u>Name of the Limited Liability C</u> (A Florida Lir	lompany as it now appears on mited Liability Company)	our records.)	Topo Me X		
The Articles of Organization for this Limited Liability Com- Florida document number 1.24000308990 This amendment is submitted to amend the following:			and assigned		
A. If amending name, enter the new name of the limited	Lliability company here:		^		
Gulf To Bay solutions LLC	nere.				
The new name must be distinguishable and contain the words "Limited	Liability Company," the design	ation "LLC" or the	abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	8426 Boyce ST Sprii	ng Hill Fl 34606			
(Principal office address MUST BE A STREET ADDRES	<u></u>				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8426 Boyce St Sprin	g Hill Fl 34606			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	Tice address on our record	ds, <u>enter the nar</u>	me of the new registe		
Name of New Registered Agent:					
New Registered Office Address:	F*				
	r,nier rioriaa si	Enter Florida street address			
	City	, Florida	Zip Code		
N. B. C. LA MAN AND AND AND AND AND AND AND AND AND A	•		Zip Code		
New Registered Agent's Signature, if changing Registered Agent's	<u>gent:</u>				
hereby accept the appointment as registered agent and	l agree to act in this capa	city. I further a	gree to comply with		

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>	Address	Type of Action
			□ ^ dd
			Remove
			□Change
			□Add
			□ Remove
			☐ Change
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i amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
_	
Effective	e date, if other than the date of filing:
Note: II	tive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it's effective date on the Department of State's records.
ne record : ord is filed	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 f.
Dated _	 · · · · · · · · · · · · · · · · ·
	Signature of a member or authorized representative of a member
	Leira Reyes Torres
	Typed or printed name of signee

DW E 007.0