633524

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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 27, 2017

MIKE BAKER P.O. BOX 371107 KEY LARGO, FL 33037

SUBJECT: MIKE BAKER ENTERPRISES, INC.

Ref. Number: 633524

We have received your document for MIKE BAKER ENTERPRISES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The name and document number of conflict is, "L16000032660 - MBE LLC".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carol Mustain Regulatory Specialist II

Letter Number: 017A00008237



ATTORNEYS AT LAW

JAY A. HERSHOFF
JAMES S. LUPINO
RUSSELL A. YAGEL
JESSICA ROTHENBERG
ROBERT C. STOBER
BRITTANY N. MILLER
ANNA FERNANDEZ

OF COUNSEL
AISLYNN THOMAS-McDonald

www.HLYlaw.com

ALL CORRESPONDENCE TO: 90130 OLD HIGHWAY
TAVERNIER, FLORIDA 33070
(305) 852-8440 Fax (305) 852-8848

MIAMI OFFICE 9350 S. DIXIE HIGHWAY, SUITE 1470 MIAMI, FLORIDA 33156 (305) 670-7546 FAX (305) 514-0639

May 10, 2017

Carol Mustain Regulatory Specialist II Florida Department of State Division of Corporations P.O. Box 63274 Tallahassee, FL 32314

RE:

Articles of Amendment to Articles of Incorporation for Mike Baker Enterprises,

Inc.

Ref. Number: 633524

Dear Ms. Mustain:

This letter is in response to your correspondence of April 27, 2017, copy of which is enclosed herewith, advising that the name MBE, Inc. is not available for use. As such, we have changed the name to MBE Islamorada, Inc. and have amended the Articles of Amendment to Articles of Incorporation accordingly and enclose same herewith.

We ask that you please process the enclosed documentation. If you should have any questions, please feel free to contact us.

Sincerely,

JAMES DUPINO, ESQ.

Enclosure

COVER LETTER

TO: Amendment So Division of Co			
NAME OF CODE	ORATION: Mike Baker Enter	orises, Inc	
		·	
DOCUMENT NUI	MBER:	· · · · · · · · · · · · · · · · · · ·	'
The enclosed Article	es of Amendment and fee are su	dermitted for filing.	
Please return all cor	respondence concerning this ma	tter to the following:	
	Mike Baker		
		Name of Contact Person	1
		Firm/ Company	
	P.O. Box 371107		
		Address	
	Key Largo, FL 33037		
		City/ State and Zip Cod	2
Car	ndybakerS6@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informat	tion concerning this matter, plea	se call:	
Mike Baker		at (305	619-0283
Nam	ne of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depe	riment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
A D P.	Latting Address mendment Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Thent Section In of Corporations Building Executive Center Circle Issee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curre	ently filed with the Florida Dept. of State)	
Mike Baker Enterprises, Inc.		
(Document Numbe	r of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, the its Articles of Incorporation:	nis Florida Profit Corporation adopts the following amendme	nt(s) t
A. If amending name, enter the new name of the corporation:		
MBE Islamorada, Inc.	The new	
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviatio	ntion," "company," or "incorporated" or the abbreviation r "Co". A professional corporation name must contain the	
B. Enter new principal office address, if applicable:	83005 Overseas Highway	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Islamorada, FL 33036	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 1107	
	Key Largo, FL 33037	
	LC: X	1,2347 213
		enter e
D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office addr	ddress in Florida, enter the name of the	15
Name of New Registered Agent		1
Name of New Registered Agent		a de la companya de l
(Florida	street address)	
	,	
New Registered Office Address:	, Florida (City) (Zip Code)	
No Police Land Otto Control of the Control		
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia		
-		
Signature of No.	y Pagistarad Agant if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X_Change	<u>PT</u>	John De	<u>)e</u>	
X Remove	<u>v</u>	Mike Jo	<u>nes</u>	
_X Add	<u>sv</u>	Sally Si	mith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change				
Add				
Remove				
2) Change	·			
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change			**************************************	
Add				
Remove				

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
	
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f an amendment provides for an each	ance, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
provisions for implementing the arms (if not applicable, indicate N/A)	
provisions for implementing the ame (if not applicable, indicate N/A)	
provisions for implementing the ame (if not applicable, indicate N/A)	
provisions for implementing the ame (if not applicable, indicate N/A)	
provisions for implementing the ame (if not applicable, indicate N/A)	
provisions for implementing the ame (if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
April 19, 2017	
Signature	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Michael R. Baker	
(Typed or printed name of person signing)	
PD (Title of person signing)	