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## **COVER LETTER**

TO: Registration Se Division of Cor					
BAKER,GO	OVERN AND BAKER N.C., I	L.C.			
sobject.	Name of Lim	ited Liability Company	·····		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Michael Dierkes, MGRM				
		Name of Person			
	BAKER,GOVERN AND I	BAKER			
		Firm/Company	-		
	7771 W. Oakland Park Bly	d., Ste.#150			
		Address			
	Sunrise, Florida 33351				
	MDierkes@bgnbusa.com	City/State and Zip Code			
	E-mail address: (	to be used for future annual report no	otification)	F. ~	
For further information c	concerning this matter, please ca	all:		2017 JAN SECRETA ALLAHAS	****
Michael Dierkes		PRI CONT			
Name o	d Person	at () Area Code Dayti	me Telephone Number	SSEE TO POSSESSED TO SEE TO SE	
Enclosed is a check for the	he following amount:			55 # 55 #	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	ng Fee. 🍋	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BAKER,GOVERN AND BAKER			
(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears on our record Liability Company)	<u>ls.)</u>
The Articles of Organization for this Limited I Florida document number	Liability Company	were filed on	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liab	oility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		N/A	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:  New Registered Office Address:	Russell M. The	ompson, Esq. and Park Blvd., Stc.#216	WIII JAN 30 TALLAHASS
	Sunrise	Enter Florida street addre.	lorida 33354
New Registered Agent's Signature, if changing	Registered Agent	City:	Zip Code

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

Page 1 of 3

If amending Authorized Person(s) authorized to manage,  $\underline{enter}$  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>	Type of Action
N/A			Add
			☐ Remove
			Change
			Add
			Remove
			☐ Change
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