

#L040000093144

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

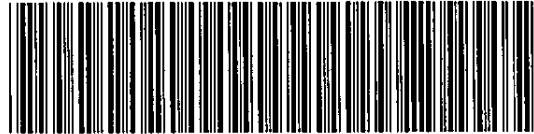
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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800259958558  
05/20/14--01005--001 \*\*823.75

RECEIVED  
DEPARTMENT OF STATE  
OFFICE OF CORPORATION  
2014 MAY 19 PM 4:08  
TO ADOPTED  
SUFFICIENCY OF FILING

FILED  
2014 MAY 19 AM 9:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER

MAY 20 2014

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

BARON LLC

Signature \_\_\_\_\_

Requested by: Seth

05/16/14

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

\_\_\_\_ Art of Inc. File \_\_\_\_\_  
\_\_\_\_ LTD Partnership File \_\_\_\_\_  
\_\_\_\_ Foreign Corp. File \_\_\_\_\_  
\_\_\_\_ L.C. File \_\_\_\_\_  
\_\_\_\_ Fictitious Name File \_\_\_\_\_  
\_\_\_\_ Trade/Service Mark \_\_\_\_\_  
\_\_\_\_ Merger File \_\_\_\_\_  
\_\_\_\_ ☒ Art. of Amend. File \_\_\_\_\_  
\_\_\_\_ RA Resignation \_\_\_\_\_  
\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_  
\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_  
\_\_\_\_ Cert. Copy \_\_\_\_\_  
\_\_\_\_ Photo Copy \_\_\_\_\_  
\_\_\_\_ ☒ Certificate of Good Standing \_\_\_\_\_  
\_\_\_\_ Certificate of Status \_\_\_\_\_  
\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_  
\_\_\_\_ Corp Record Search \_\_\_\_\_  
\_\_\_\_ Officer Search \_\_\_\_\_  
\_\_\_\_ Fictitious Search \_\_\_\_\_  
\_\_\_\_ Fictitious Owner Search \_\_\_\_\_  
\_\_\_\_ Vehicle Search \_\_\_\_\_  
\_\_\_\_ Driving Record \_\_\_\_\_  
\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_  
\_\_\_\_ UCC 11 Search \_\_\_\_\_  
\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_  
\_\_\_\_ Courier \_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **BARON, 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:

**Erica H. Sterling**

Name of Person

**Spottswood Law Firm**

Firm/Company

**500 Fleming Street**

Address

**Key West, FL 33040**

City/State and Zip Code

**erica@spottswood.com**

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

For further information concerning this matter, please call:

**Erica H. Sterling**

Name of Person

at **(305) 294-2450**

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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

**BARON, LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**FILED**  
2014 MAY 19 AM 9:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/23/2004 and assigned  
Florida document number L04000093144.

This amendment is submitted to amend the following:

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

Baron Five, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2308 Linda Avenue

(Principal office address MUST BE A STREET ADDRESS)

Key West, FL 33040

Enter new mailing address, if applicable:

2308 Linda Avenue

(Mailing address MAY BE A POST OFFICE BOX)

Key West, Florida

**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:

Erica H. Sterling

New Registered Office Address:

500 Fleming Street

Enter Florida street address

Key West

Florida 33040

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>                      |
|--------------|-----------------------|------------------------------|--|
| <u>MGR</u>   | <u>Douglas Capas</u>  | <u>2308 Linda Avenue</u>     | <input checked="" type="checkbox"/> Add    |
|              |                       | <u>Key West, FL 33040</u>    | <input type="checkbox"/> Remove            |
| <u>MGR</u>   | <u>Raymond Capas</u>  | <u>2424 Linda Avenue</u>     | <input checked="" type="checkbox"/> Add    |
|              |                       | <u>Key West, FL 33040</u>    | <input type="checkbox"/> Remove            |
| <u>MGR</u>   | <u>Jeffrey Capas</u>  | <u>3006 Cummings Avenue</u>  | <input checked="" type="checkbox"/> Add    |
|              |                       | <u>Tallahassee, FL 32311</u> | <input type="checkbox"/> Remove            |
| <u>MGR</u>   | <u>Bradley Capas</u>  | <u>1161 Ginger Circle</u>    | <input checked="" type="checkbox"/> Add    |
|              |                       | <u>Weston, FL 33326</u>      | <input type="checkbox"/> Remove            |
| <u>MGR</u>   | <u>Dante L. Capas</u> | <u>512 Front Street</u>      | <input type="checkbox"/> Add               |
|              |                       | <u>Key West, FL 33040</u>    | <input checked="" type="checkbox"/> Remove |
|              |                       |                              | <input type="checkbox"/> Add               |
|              |                       |                              | <input type="checkbox"/> Remove            |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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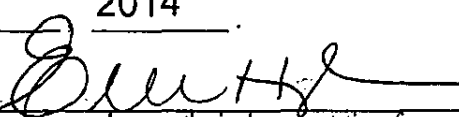
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated May 19 2014

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Erica H. Sterling  
\_\_\_\_\_  
Typed or printed name of signer