

LOS000060645

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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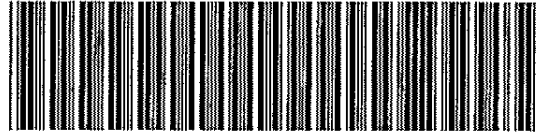
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TALLAHASSEE, FLORIDA

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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BCB REAL ESTATE SERVICES  
(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:

BRETT C. BAKER  
(Name of Person)

BCB REAL ESTATE SERVICES, LLC  
(Firm/Company)

1183 OLD POST DRIVE  
(Address)

OAKVILLE, ONTARIO, L6M 1A5, CANADA  
(City/State and Zip Code)

For further information concerning this matter, please call:

BRETT BAKER at ( 416 ) 540-4592  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

BCB REAL ESTATE SERVICES, LLC

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on JUNE 17, 2005 and assigned document number L05000060645.

**SECOND:** The following amendment(s) to the Articles of Organization was/were adopted by the limited liability company:

CHANGE THE NAME OF:

BCB REAL ESTATE SERVICES, LLC

TO

BRETT BAKER, LLC

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated JUNE 29, 2005



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

BRETT BAKER

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**