

L06000110097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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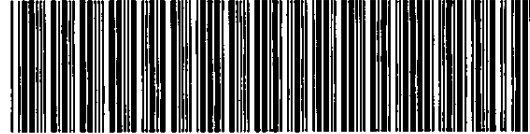
(Business Entity Name)

(Document Number)

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12/23/14--01006--016 **30.00

EFFECTIVE DATE 01-01-15

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2014 DEC 23 P 4: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

JAN - 7 2015

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE CONNAR FAMILY, 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:

PETER BAKER

Name of Person

THE CONNAR-BAKER FAMILY, LLC

Firm/Company

3305 JEAN CIRCLE

Address

TAMPA, FLORIDA 33629

City/State and Zip Code

PBAKERLAW@GMAIL.COM

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

For further information concerning this matter, please call:

PETER BAKER

at 813 230-0354

Name of Person

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

THE CONNAR FAMILY, LLC

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

The Articles of Organization for this Limited Liability Company were filed on NOVEMBER 14, 2006 and assigned Florida document number L06000110097

This amendment is submitted to amend the following:

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

THE CONNAR-BAKER FAMILY, 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:

(Principal office address MUST BE A STREET ADDRESS)

3305 JEAN CIRCLE

TAMPA, FLORIDA 33629

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3305 JEAN CIRCLE

TAMPA, FLORIDA 33629

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: PETER BAKER

New Registered Office Address: 3305 JEAN CIRCLE

Enter Florida street address

TAMPA

City

Florida 33629

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>
MGR	PETER BAKER	3305 JEAN CIRCLE	<input checked="" type="checkbox"/> Add
		TAMPA, FLORIDA	<input type="checkbox"/> Remove
AMBR	PETER BAKER	3305 JEAN CIRCLE	<input checked="" type="checkbox"/> Add
		TAMPA, FLORIDA 33629	<input type="checkbox"/> Remove
AMBR	RICHARD G. CONNAR, JR	3305 JEAN CIRCLE	<input checked="" type="checkbox"/> Add
		TAMPA, FLORIDA 33629	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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 TALLAHASSEE, FLORIDA

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

- The name of the LLC is changed to The Connar-Baker Family, LLC.

The LLC shall be manager-managed and shall be subject to FS Chapter 605.

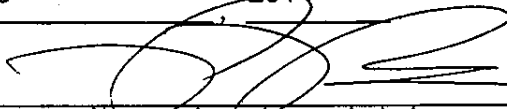
The principal & mailing address of the LLC and of the RA shall be as provided

above. All changes to be effective as of the date set forth in E. below.

E. Effective date, if other than the date of filing: JANUARY 1, 2015 (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 DECEMBER 18 2014



Signature of a member or authorized representative of a member

PETER BAKER

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA