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(Re	equestor's Name)	
(Ac	Idress)	
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(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Document Number)		
. Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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J. HARRIS

COVER LETTER

Divi	ision of Corpo	porations	
SUBJECT:	THE CONNA	AR-BAKER FAMILY, LLC	
		Name of Limited Liability Company	
The enclosed	l Articles of Ar	Amendment and fee(s) are submitted for filing.	
Please return	all correspond	idence concerning this matter to the following:	
		PETER BAKER	
		Name of Person	
		THE BAKER FAMILY BEACH, 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 in	nformation con	oncerning this matter, please call:	
PETER BAI	KER	813 230-0354 at ()	_
	Name of P	Person Area Code Daytime Telephone Number	_
Enclosed is	a check for the	e following amount:	
□ \$25.00 F	Filing Fee	■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fe Certificate of Status	tatus &

MAILING ADDRESS:

TO: · Registration Section

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**

THE CONNAR-BAKER FAMILY, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) 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 liab	oility company here:	
THE BAKER FAMILY BEACH, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	3305 JEAN CIRCLE	
	TAMPA, FLORIDA 33629	17
		Sure S
Enter new mailing address, if applicable:	_	- 1 - 2
(Mailing address MAY BE A POST OFFICE BOX)	3305 JEAN CIRCLE	79 (1965)
	TAMPA, FLORIDA 33629	<u>ω</u> ".
B. If amending the registered agent and/or registered of	ffice address on our records, <u>enter t</u>	the name of the new
registered agent and/or the new registered office address her	<u>e</u> :	
N. CN. B. L. L.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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 Authorized Person(s) authorized to manage, 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
MGR	IRENE HANAS BAKER	3305 JEAN CIRCLE	B Add
		TAMPA, FLORIDA 33629	☐ Remove
			□ Change
			□ Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			Add
			□ Remove
			□ Change
			□ Add:
			□ Remove
			Change 2000
	***************************************		Add
			Remove
			□ Change



(If a	ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be sument's effective date on the Department of State's records.	not be listed	.u
E. Ef	fective date, if other than the date of filing: JANUARY 192017 (optional) un effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursu	uant to 605.02	207 (3)(b)
			
			
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Filing Fee: \$25.00