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### **COVER LETTER**

JASON E.   SUBJECT:	BAKER D.D.S. LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of	Amendment and fce(s) are submitted for filing.	
Please return all correspo	ondence concerning this matter to the following:	
	Jason E. Baker DDS	
	Name of Person	
	JASON E. BAKER D.D.S. LLC	
	Firm/Company	
	77 South Shore Drive	
	Address	
	Miramar Beach, FL 32550	
	City/State and Zip Code	
	drbaker.mbdo@gmail.com	
	E-mail address: (to be used for future annual report notification)	
For further information c	concerning this matter, please call:	
Heather Baker	850 650-2070	
Name o	at ()  of Person Area Code Daytime Telephone Number	_
Enclosed is a check for the	he following amount:	
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fe Certificate of Status	tatus &

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

JASON E. BAKER D.D.S. LLC		
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our records. da Limited Liability Company)	)
The Articles of Organization for this Limited Liability (	Company were filed on 12/19/2006	and assigned
Florida document number L06000120762	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del></del>
(Principal office address MUST BE A STREET ADD	ORESS)	<del></del>
		18 IVISION SEC
		SEP PRE
Enter new mailing address, if applicable:		20 20 20
Mailing address MAY BE A POST OFFICE BOX)		을 것 : <b>골</b> 공인 :
	<del></del>	<b>8</b> (1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.
		7-F
3. If amending the registered agent and/or regi		
egistered agent and/or the new registered office ad-	dress here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	
	City	Zip Code

v Registered Agent's Signature, if changing Registered Agent:

ereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 18 filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability pany 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

Title Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Baker, Heather M.	77 South Shore Drive Miramar Beach, FL 32550	Add
			☐ Remove
			Change
MGR	Darby, Danielle S	77 South Shore Drive Miramar Beach, FL 32550	
			Remove
			Change
			Remove
			Change
			Add
			Remove
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ce date, if other than the date of filing:	tional) ter filing.) Pursuant to 6 his date will not be li	05.02 sted
ord specifies a delayed effective date, but not an effective time, at 12:01 90th day after the record is filed.	a.m. on the ear	lier
September 11 2018		
Signature of a member or authorized representative of a member  Jason. E. Baker		

D.

Page 3 of 3

Filing Fee: \$25.00