(Requestor's Name)			
(Address)	700112607297		
(Address) (City/State/Zip/Phone #)	·		
PICK-UP WAIT MAIL			
(Business Entity Name)	44 100 107 04014 040 MU20 D0		
(Document Number)	11/30/0701014016 ***30.00		
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:	O7 NOV 30 AM 1: SECRETARY OF STA TALLAHASSEE, FLOR		
	II: I.S. LORIDA		

Office Use Only

SECRETARY OF S

DB

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BAKER'S HOME IMPROVEMENTS, 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:
LINDA MACDONALD
(Name of Person)
(Firm/Company)
GUIF BREEZE, FL 32563
(City/State and Zip Code)
For further information concerning this matter, please call:
LINDA MACDONALD at (850) 375-7250 (Area Code & Daytime Telephone Number)
(Med Code to Daytime Pelephone Mainbel)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 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

BAKERS	HOME IMPROVEMENTS, LLC
	(Present Name) (A Florida Limited Liability Company)

FIRST:	The Articles of Organization were filed on 30507 and assign document number 47000013589.	ned		
SECOND:	This amendment is submitted to amend the following:			
	REMOVAL OF LINDA E. MACDONAL AS A MANAGING MEMBER.	<u>-</u> \(\sigma\)		
		TALL	07	
	ָרָ בְּיִבְּיִבְיִיבְיִיבְיִיבְיִיבְיִיבְיִי	1	NOV 30 AM	
Dated <u>/</u>	ovember 28, 2007.	STATA		Ō
	Signature of a member or authorized representative of a member	<u></u>		
	LINDA E MAC DONALD Typed or printed name of signee			

Filing Fee: \$25.00