108000024973

(F	Requestor's Name)
	Address)
(/	Address)
(0	Dity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(I	Document Number)
Certified Copies	Certificates of Status
Special Instructions t	o Filing Officer:





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· 04/25/18--01009--012 **25.00



APR 25 2010 J CHAVERS

COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJE		-Baker, LLC		
ССРОЦ		Name of Limi	ted Liability Company	
The enc	losed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Dennis R. Baker		
			Name of Person	
		Kleindorfer-Baker, LLC		
			Firm/Company	
		552 South Spring Avenue		
			Address	
		DeLand FL 32720		
			City/State and Zip Code	
		bakerllincoln@gmail.com E-mail address: (1	to be used for future annual report notific	cation)
For furt	her information co	oncerning this matter, please ca		
Dennis	R. Baker		386 736-2301	
	Name of	f Person		Telephone Number
Enclose	d is a check for th	ne 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)
		ING ADDRESS: ation Section	STREET/COURIE Registration Section	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kleindorfer-Baker, LLC (Name of the Limi	ted Liability Compa (A Florida Limited)	ny as it now appears on our re Liability Company)	ecords.)		
The Articles of Organization for this Limited L Florida document number L08000024973	iability Company	were filed on March 10, 20)08	and ass	igned
This amendment is submitted to amend the following	lowing:				
A. If amending name, enter the new name o	of the limited liab	ility company here:			
Baker of DeLand, LLC					
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the	abbreviation "L.	L.C."
Enter new principal offices address, if applie	cable:	N/A			
(Principal office address MUST BE A STREE					•
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and registered agent and/or the new registered of	l/or registered o		cords, <u>ent</u>	er the name	of the new
Name of New Registered Agent:	Dennis R. Bak	er		ECR LA	016
New Registered Office Address:	552 South Spr	ing Garden Avenue Enter Florida street o	address	HASSE	
	DeLand		_, Florida	32720	m
New Registered Agent's Signature, if changing	Registered Agent	City <u>:</u>		Zip Coate	
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg being filed to merely reflect a change in the	per and complete gistered agent as	e performance of my dutic provided for in Chapter	es, and I ai 605, F.S. C	m familiar wit Or, if this doct	th and ument is

If Charging Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

, 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>	Address	Type of Action
AMBR	Dennis D. Kleindorfer	552 South Spring Garden Avenue	
		DeLand FL 32720	■ Remove
			Change
			☐ Remove
			Change
			Remove
			☐ Change
			Remove
			Change
			Remove
			Change
 			Add
			Remove
			☐ Change

 <u> </u>
TLLA TLLA
APR 2
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108 A 2:
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00