## L09000080289

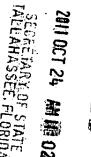
	(Requestor's Name)
	(Address)
	(Address)
• (	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
	A. LUNT
	OCT 25 2011

**EXAMINER** 

Office Use Only

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10/24/11--01017--017 \*\*25.00



## **COVER LETTER**

TO: Registration Division of C	Section Corporations			
SUBJECT:	TP B	BAKER, LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corres	pondence concerning this matte	r to the following:		
		TIMOTHY P. BAKER		
		Name of Person		
		TP BAKER, LLC		
		Firm/Company	<del> </del>	
		PO BOX 1855		
		Address		281
	l Fi	HIGH ACRES, FL 33970		2011 OCT 24
		City/State and Zip Code	HASA	72
	tpb	aker@embarqmail.com (to be used for future annual report notificati		
	E-mail address:	to be used for future annual report notificati	on)	124 整度
For further information	n concerning this matter, please	call:	ORID	第02
	mothy P. Baker	at (	7 3991	1.0
Name	e of Person	Area Code & Daytime Te	lephone Number	
Enclosed is a check for	r 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 Stat Certified Copy (additional copy i	
Regi	LING ADDRESS: stration Section	STREET/COURIER Registration Section		
Divis	sion of Corporations	Division of Corporation	ns	

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TP BAKER	, LLC		
(Name of the Limited Liability Company a (A Florida Limited Liab	s it now appears or llity Company)	our records.)	
The Articles of Organization for this Limited Liability Company we Florida document numberL0900080289	re filed on	8/20/2009	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	company here:		
The new name must be distinguishable and end with the words "Limited "L.L.C."	Liability Company,	'the designation "	
Enter new principal offices address, if applicable:			S T
(Principal office address MUST BE A STREET ADDRESS)			SSE PA
			D STATE LORIDA
Enter new mailing address, if applicable:			<del>2</del> 8
(Mailing address MAY BE A POST OFFICE BOX)			-
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:  Name of New Registered Agent:	address on our	records, <u>enter</u>	the name of the new
New Registered Office Address:	Enter 1	Florida street add	iress
	ity	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			-
I hereby accept the appointment as registered agent and agree t the provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as prov	performance of n	$ny$ duties, and $\widetilde{I}$	am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	SANDRA L THIBODEAUX	14051 CEDARDALE STREET FORT MYERS, FL 33905	Add Remove
			Add Remove
			Add Remove
<del></del>			Add Remove
		TALL AREAS	Remove
D. If amendi	ng any other information, enter change	(s) here: (Attach additional sheets, if necessary)	Add Remore S
			_
***************************************			<del></del>
Dated	10/19 , 201		_
_		or authorized representative of a member	
_		OTHY P. BAKER r printed name of signee	<del></del>
	i yped o	humen mane of giguee	

Page 2 of 2

Filing Fee: \$25.00