## 

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(Cit	ty/State/Zip/Phon	e #)
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SECHETARY OF STATE
AND AND SSFE, FLORIDA

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MIT S. S. S. S. Z.

## **COVER LETTER**

Div	ision of Cor	porations			
SUBJECT:	BAMARIC	OF VB, LLC			
Sobster.		Name of Lim	ited Liability Company		
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return	all correspon	ndence concerning this matter	to the following:		
		Fredrick W. Baker			
			Name of Person		
		BAMARIC of VB, LLC			
			Firm/Company		
		9015 Americana Rd. #9			
			Address		
		Vero Beach, FL 32966		1AC: 281	
		mark@iraallc.com	City/State and Zip Code	CRET LAHA	FILED
		E-mail address: (	to be used for future annual report notification	on) SEE 2	-
For further in	nformation co	oncerning this matter, please c	all:	T. 200	
Fredrick W.	Baker		772 567-0551 at ( )	2: 1. ORID	
	Name of	Person		ephone Number	
Enclosed is a	a check for th	e following amount:			
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is e	atus &

MAILING ADDRESS:

**Registration Section** 

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

BAMARIC OF VB, LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records. Liability Company)	.)
The Articles of Organization for this Limited Liability Company	were filed on January 18, 2011	and assigned
Florida document number L11000007815		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·	
Principal office address MUST BE A STREET ADDRESS)		(n)
		SEC 55
	H H P	RE L
Cnter new mailing address, if applicable:		ARY 27
Mailing address MAY BE A POST OFFICE BOX)		
		STAI
<ol> <li>If amending the registered agent and/or registered of registered agent and/or the new registered office address her</li> </ol>		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Flo	rida
	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 tit	le, 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
			□ Add
			□ Remove
			☐ Change
			Add
			Remove
			Change
			□ Add
			☐ Remove
			ARE JU Change
			ASSE 2
			P Cor STA
			DE U Change
			□ Add
			☐ Remove
			□ Change
			Add
			Remove
			☐ Change

shall designate the surviving member as manager to continue doing the business of the LLC.
AS 2015
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<u> </u>

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Filing Fee: \$25.00