(Re	equestor's Name)	
(Ád	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Do	ocument Number)	
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Special Instructions to	Filing Officer:	
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

S. YOURG

## **COVER LETTER**

TO: Registration Se Division of Cor			
	C OF VB, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
	Amendment and fee(s) are sub condence concerning this matter	_	
	S.MARK BAKER		
		Name of Person	
	BAMARIC OF VB, LLC		16 MAY -9 PM 5: 00
		Firm/Company	7
	9015 Americana Rd. #9		OF E
		Address	<b>T</b>
	Vero Beach, FL 32966		9 PM 5: 00
	mark@iraallc.com	City/State and Zip Code	
·	_	to be used for future annual report notific	eation)
For further information of	concerning this matter, please c	all:	
S. Mark Baker		774 567-0551	
Name o	of Person	Area Code Daytime	l'elephone Number
Enclosed is a check for t	he 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)
MAIL	JNG ADDRESS:	STREET/COURIE	R ADDRESS:

Registration Section

Clifton Building

**Division of Corporations** 

2661 Executive Center Circle Tallahassee, FL 32301

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BAMARIC OF VB, LLC			
(Name of the Lim	ited Liability Company as (A Florida Limited Liabili	it now appears on our records.) ty Company)	
The Articles of Organization for this Limited I	Liability Company were	filed on January 18, 2011	and assigned
Florida document number L11000007815	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability	company here:	
			五公。
The new name must be distinguishable and contain the	words "Limited Liability Co	mpany," the designation "LLC" or the	
Enter new principal offices address, if appli	cable:		五元
Principal office address MUST BE A STRE	ET ADDRESS)		6 6
			PH 5: 0
			\hat{i}
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and registered agent and/or the new registered of		address on our records, ente	er the name of the new
	· · · · · · · · · · · · · · · · · · ·		
Name of New Registered Agent:	S. Mark Baker		
New Registered Office Address:	9015 Americana Rd.		
		Enter Florida street address	
	Vero Beach	, Florida _	32966
	(	Citv	Ziv 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.

f 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				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			□ Add	
			□ Remove	
			□ Change	
			Add	
			Change CA	
			Add S: Of PLOTER	
			Remove	
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			□ Remove	
			□ Change	

•	Article 7 shall be amended to Fredrick W. Baker with 49% interest	
	S. Mark Baker with 51% interest;	
	Article 4 shall be amended the new registered agent shall be S. Mark Baker.	
		Zu
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	N.	
f an e Note	ctive date, if other than the date of filing:	
ie ro Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlied e 90th day after the record is filed.	r of:
ate	d May 8, 2016	
-	XVIII Jale	
	Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00