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| Special Instructions | to F | iling O | fficer: | | | |
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Office Use Only



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SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON MAR 2 9 2011 EXAMINER

COVER LETTER

| TO: | Registration Section Division of Corporation | ns | | | • | | |
|--------------|--|--|------------------------------|---|--|------------------|--|
| SUBJI | ECT: | BK 996 | 75 | OH ability Co | , LLC mpany | | |
| | | | | , | , | | |
| The en | closed Articles of Amenda | nent and fee(s) are si | ubmitted | for filing | ζ. | | |
| Please | return all correspondence of | concerning this matte | er to the | following | g : | | |
| | | DAVID | , , | J. M | CNULTY | | |
| | | | 1 | Name of P | erson | | |
| | | BAKE | ED K | EYS | , LLC pany | | |
| | | | | Firm/Com | pany | | |
| | | 9160 | THE | LAN | JE s | | |
| | | | | | | | |
| | | NAPLE | ES, | FL | 34109 | | |
| | | beacor E-mail address: | City/ Iduni (to be use | State and 2 Kin Conditions of the condition of the con | 34109 Zip Code yahoo re annual report n | COM otification) | |
| For fur | ther information concernin | | | | • | | |
| | Maria Hernar Name of Person | ndez | | at (23 | 9, 275- | 2188 | |
| | Name of Person | | | , | Àrea Code & Day | time Telepho | ne Number |
| Enclos | ed is a check for the follow | ving amount: | | | | | |
| \$ 25 | | 0.00 Filing Fee & Certificate of Status | <u></u> \$ | Certified | ing Fee & I Copy nal copy is enclo | 7 | \$60.00 Filing Fee, Certificate of Status & 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

SECRETARY OF STATE DIVISION OF CORPORATIONS

11 MAR 28 AM IN: 44

| BK 99675 | OH, | LLC | _ | | |
|---|-----------------------------------|-------------------------|-------------------|-----------------|---------------------------|
| (<u>Name of the Limited Liabil</u> (A Florid | ity Company a la Limited Liabi | s it now : lity Comp | appears on coany) | our records.) | |
| The Articles of Organization for this Limited Liability Florida document number L 11 00000 892 | Company we | re filed o | n_ Janua i | ry 21, 20 | 2// and assigned |
| This amendment is submitted to amend the following: | | | | | |
| A. If amending name, enter the new name of the li | mited liability | compar | ıy here: | | |
| The new name must be distinguishable and end with the w "L.L.C." | vords "Limited | Liability (| Company," tl | ne designation | "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | | | · | | |
| (Principal office address MUST BE A STREET AD) | DRESS) | | | | · |
| • | | | | | |
| Enter new mailing address, if applicable: | _ | | | | <u> </u> |
| (Mailing address MAY BE A POST OFFICE BOX) | | <u> </u> | | | |
| B. If amending the registered agent and/or reg registered agent and/or the new registered office ad Name of New Registered Agent: | <u>ldress here</u> : | | | | |
| Name of New Registered Agent: | Ou- | | MCOUL | -1 J | |
| New Registered Office Address: | 4160 | THE | Enter Flo | orida street aa | ldress |
| | NAPLE | | | | 34109 Zip Code |
| Now Designation According Signatures if showing Designation | | ity | | | 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 608, 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 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

Title Name Address **Type of Action** MGR David N. McNutty 9160 The Lane Remove ☐ Add Remove Remove Add Remove ∐Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) March 23 2011 Dated Signature of a member or authorized representative of a member nd U. McNulty Typed or printed name of signer David

Page 2 of 2

Filing Fee: \$25.00