## L110000 48005

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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SECRETARY OF STATE

J. SAULSBERRY EXAMINER MAY 1 0 2011

## **COVER LETTER**

TO: Registration Division of C					
SUBJECT:					
	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:			
		Marie Code			
		Name of Person			
	**************************************	Firm/Company			
1202 SE 8th Pl Ste B				20%	
Address				201 TAL'L	
Cape Coral FL 33990 City/State and Zip Code				I MAY ORETA	in
		rie@marieesquire.com		-9 SSEE	-
For further information	I:-mail address: ( concerning this matter, please of	to be used for future annual report notificall:	leation)	2011 MAY -9 PM 2:33 SECRETARY OF STATE ALLAHASSEE, FLORIDA	
	Janel Shelly	at ( 239 )_	541-1517	10 33 10 A	
Name	of Person	Area Code & Daytim	e Telephone Number		
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed		f Status &	
	LING ADDRESS:	STREET/COURI			

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

Baring Prop	perty Investments L	LC		
( <u>Name of the Limited Liability</u> (A Florida	Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability C Florida document numberL11000048005	Company were filed on	04/22/2011	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company her	re:		
The new name must be distinguishable and end with the world.L.C."	rds "Limited Liability Compa	any," the designation "l	J.C" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDI	RESS)		2011 ALL	
			Y- TAR ASS	
Enter new mailing address, if applicable:		-	FE 29	
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·		- PS - PS - PS	
			<u> </u>	
			33 DA	
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, enter t	he name of the new	
registered agent and/or the new registered office add	itess here.			
Name of New Registered Agent:				
New Registered Office Address:				
	En	Enter Florida street address		
		, Florida		
	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 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

<u>Title</u>	Name 12	Address Proposition of the Comment o	Type of Action
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<u>MGRM</u>	BARBAS, BILL	1202 SE 8TH PL STE B	Add ✓ Remove   \$\int_{\text{\$\indth}}}}}}}}}}}}}}}}}}}}}}} \endremover \end{\text{\$\int_{\text{\$\int_{\text{\$\int_{\text{\$\int_{\text{\$\int_{\text{\$\int_{\text{\$\int_{\text{\$\int_{\text{\$\int_{\text{\$\int_{\text{\$\int_{\text{\$\int}}}}}}}}}}}}}}}}} \endremover}} \end{\text{\$\int_{\text{\$\int_{\text{\$\int_{\text{\$\int_{\text{\$\int_{\text{\$\int_{\text{\$\int_{\text{\$\int}}}}}}}}}}}}} \end{\text{\$\int_{\text{\$\int}}}}}}}}}}}}}}}}}} \engremover}} \end{\text{\$\int_{\text{\$\int_{\text{\$\int_{\text{\$\int_{\text{\$\int_{\text{\$\int_{\text{\$\int_{\text{\$\int_{\text{\$\int_{\text{\$\int_{\text{\$\int}}}}}}}}}}}} \endotyne{\text{\$\int_{\text{\$\int_{\text{\$\int_{\text{\$\int_{\text{\$\int}}}}}}}}}}}} \endremovere}}} \text{\$\int_{\text{\$\in
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D. If amendir	ig any other information, enter change(s	here: (Attach additional sheets of necessary)	Zo S
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