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(Requestor's Name)		
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Do	ocument Number)	
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MAY 24 2012

EXAMINER



600235120196

05/23/12--01009--005 **25.00

FILED
12 MAY 23 PM 12: 50

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Garison Baugh Unlimited, LLC Name of Elimited Liability Company			
The enclosed Articles of Amendment and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Lakeitha Baugh Name of Resson			
Garcison Baugh Unlimited			
377 NW 105th Dr. Address			
Coral Spring & FL 33071 City/State and Zip Code			
Jakeitha garrisme yahoo.com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Lakeitha Rough at (8/3) 727-9984 Name of Person at (8/3) 727-9984 Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee \$\ Certificate of Status \$\			

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

Garrison Baugh 1	Unlimited LLO y Company as it now appears on	<u> </u>
(A Florida	Limited Liability Company)	l our recorus.
The Articles of Organization for this Limited Liability C Florida document number <u>L12000</u> 6	Company were filed on 510	08/2012 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	-	
(Principal office address MUST BE A STREET ADD)	RESS)	Sim this
		7.544 4.754 4.754 4.754
Enter new mailing address, if applicable:		Y 23
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our dress here:	records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter l	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 Title Name **Address** Type of Action Charles E. Baugh III 3 🔀 Add Remove ☐ Add Remove Add Remove $\prod Add$ □ Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Lakeitha Gr. Baugh
Typed of printed name of signee

Page 2 of 2

Filing Fee: \$25.00