

L120000098118

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

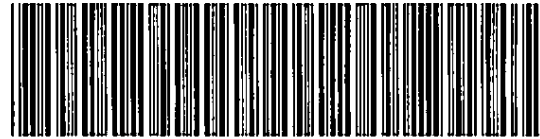
(Business Entity Name)

(Document Number)

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STATE OF NEW YORK  
20 DEC 22 PM 4:13

*Amend*

FEB 09 2021

D CUSHING

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BAXTER HILL, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

OLIVIA REDMOND

Name of Person

BAXTER HILL, LLC

Firm/Company

340 ROYAL POINCIANA WAY, SUITE 317-229

Address

PALM BEACH, FL 33480

City/State and Zip Code

OLIVIA@GOCH.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BEN ALEXANDER

at (561) 659-3000

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

20 DEC 22 PM 4:13

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

BAXTER HILL, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
200522 PM 4:10  
CLERK OF COURT  
JAN 13 2019

The Articles of Organization for this Limited Liability Company were filed on 12/03/2018 and assigned  
Florida document number ~~118000276990~~ L12000098118

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

340 ROYAL POINCIANA WAY

(Principal office address MUST BE A STREET ADDRESS)

SUITE 317-229

PALM BEACH, FL 33480

Enter new mailing address, if applicable:

C/O EISNERAMPER

(Mailing address MAY BE A POST OFFICE BOX)

ATTN: BARRY GOULD

1001 BRICKELL BAY DR., MIAMI, FL 33131

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

JONES FOSTER SERVICE

New Registered Office Address:

505 S FLAGLER DRIVE, SUITE 1100

*Enter Florida street address*

WEST PALM BEACH

*City*

Florida 33401

*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 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>    | <u>Address</u>                         | <u>Type of Action</u>                      |
|--------------|----------------|--|--|
| MGR          | EILEEN CAPONE  | 350 ROYAL PALM WAY, SUITE 501          | <input type="checkbox"/> Add               |
|              |                | PALM BEACH, FL 33480                   | <input checked="" type="checkbox"/> Remove |
|              |                |  | <input type="checkbox"/> Change            |
| MGR          | OLIVIA REDMOND | 340 ROYAL POINCIANA WAY, SUITE 317-229 | <input checked="" type="checkbox"/> Add    |
|              |                | PALM BEACH, FL 33480                   | <input type="checkbox"/> Remove            |
|              |                |  | <input type="checkbox"/> Change            |
|              |                |  | <input type="checkbox"/> Add               |
|              |                |  | <input type="checkbox"/> Remove            |
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|              |                |  | <input type="checkbox"/> Change            |

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**