612000098229

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(Ad	dress)	
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(Cit	ty/State/Zip/Phone	÷#)
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SECRETARY OF STATE

T. Burch FEB = 5.204

COVER LETTER

	egistration Sec vision of Corp			
CUDIECT	Baugh E	nterprises I, LLC		
SUBJECT		Name of Lim	ited Liability Company	
The enclose	ed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please retui	rn all correspor	ndence concerning this matter	to the following:	
		Bruce Baugh		
			Name of Person	
		Baugh Enterprises I	, LLC	
			Firm/Company	
		1002 East Voorhis A	Ave.	
			Address	
		Deland, FL 32724		
			City/State and Zip Code	
		brucebrucemog@yal		
		E-mail address: (to be used for future annual report notific	cation)
For further	information co	oncerning this matter, please ca	all:	
Bruce B	augh		561 271-1446	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Baugh Enterprises I, LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our recor la Limited Liability Company)	<u>'ds.</u>)
The Articles of Organization for this Limited Liability (Florida document number L12000098229	Company were filed on <u>07/31/2012</u> .	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and end with the words "L	imited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	A SE SE
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		JAN 27 PH RETARY OF S AHASSEE FL
		ORAFI S
B. If amending the registered agent and/or registered agent and/or the new registered office add		ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	ess
		lorida
	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 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Eddie L. Acree	1203 Roanake Ave	■ Ad d
		Deland, FL 32720	Remove
MGR	Jason Baugh	1002 E. Voorhis Ave.	Add
		Deland, FL 32724	Remove
MGR	Randreka Gardner	802 South Stone Street	Adl
		Deland, FL 32720	Remove
MGR	Johnny Daniels	34 S. Delaware Ave.	PH 4: 50g
		Deland, FL 32720	Remove
			□ Remove
			□ Add
			Remove

(optional) ate and cannot be more than 90 days after
d representative of a member

SECRETARY OF STATE TALLAHASSEE, FLORID

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Filing Fee: \$25.00