213000030317

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
. (Cit	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name)
(Do	ocument Number)	
Certified Copies	_ Certificates of	f Status
Special Instructions to	Filing Officer:	
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2013 APR 15 PH 3: 36
SECRETARY OF STATE

04/15/13--01038--017 **25.00



COVER LETTER

TO: Registration S Division of Co					
SUBJECT:	Bak	ser-CVR, LLC			
		ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	Elaine Simmons, Office			_	
		Name of Person		201 7A3 7A3	
	Baker Real Estate, LLC	73. (6		2013 APR 15 PN 3 SECRETARY OF STA TALLAHASSEE, FLOT	7
-		Firm/Company		TAR IASS	
	1877 S. Federal Highwa		-	7 OF 78	
•		Address		11.5 11.5 11.5 11.5 11.5 11.5 11.5 11.5	€.,
	Boca Raton, FL 33432			STATE FLORID	
	2000 Haton, 1 2 00 102	City/State and Zip Code		- "	
	elaine@baker-re.com E-mail address: (i	o be used for future annual report notificat	ion)		
For further information of	concerning this matter, please or	all:			
Elaine Simmons	of Person	at (<u>561</u>) <u>447-4007</u> Area Code & Daytime Te	lenhone Numbe	·r	
		, and code to Suyillile 10	p.ione i anno	•	
Enclosed is a check for t	the following amount:				
■ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &	sed)

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

Baker-CV	'R. LLC	
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.)	
(
The Articles of Organization for this Limited Liability Company	were filed on February 27, 2013	and assigned
Florida document number <u>L13000030317</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company," the designation	n "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		201. AEE
		AH
		ASA AS
Enter new mailing address, if applicable:		SE S
• • • •	· · · · · · · · · · · · · · · · · · ·	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		\$ 5 5
		<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		er the name of the new
registered agent and/of the new registered office address nerv	<u>.</u>	
Name of New Registered Agent:		
New Registered Office Address:		
	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
VP	Jack Halkowich	1877 S. Federal Highway	Add
		Suite 100	Remove
		Boca Raton, FL 33432	_
<u>VP</u>	Caprice Weber	3080 NE 49th Street	Add
		Fort Lauderdale, FL 33308	Remove
			-
			_ Add
		A CLA	Remove
		HASSAY SSS	25 F
		OF STATE E. FLORIDA	Add
		THE AGE	Remove
			Add
			Remove
			Add
			Remove

If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
ed April 1	, 2013
	Signature of a member or authorized representative of a member
	Elaine Simmons
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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