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SECRETARY OF STATE
AND ASSET, FLORIDGE

G. HARVEY

PLEC DE

EXAMINER

## **COVER LETTER**



Registration Section
Division of Corporations

SUBJECT: BAKED	Name of Limite	GROWTHPOINT LL(	<u></u>	
The enclosed Articles of Amendm	nent and fee(s) are submi	itted for filing.		
Please return all correspondence c	oncerning this matter to	the following:		
	Jos	Seph W Baker,	Jr.	
	BAKER-WI	GROWTHP Firm/Company	OINT LLC	
	1726 IV	erness Court	· <del></del>	
	dwi.	City/State and Zip Code  Caker in 13 @ yah be used for fishure annual report notification	SECRETARY SECRET	
For further information concerning	g this matter, please call	:	(1) (	ŗŗ
Joseph W. B.	aker, Tr.	at (407) 913 - 91 Area Code Daytime Tele	084 SA	(
Enclosed is a check for the follow	ring amount:			
□ \$25.00 Filing Fee \$33	0.00 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

BAYED-WIGSTEN GROWTHPOINT I.C.

(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our	records.)
The Articles of Organization for this Limited Liability Comp.		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and end with the words "Limited	I Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		TA MOV
Mailing address MAY BE A POST OFFICE BOX)		85 25 T
		To P III
3. If amending the registered agent and/or registere egistered agent and/or the new registered office address		records, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	t 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 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

	Authorized Member	•	
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	John K. Baker		Add
			Remove
AMBR	DIANNE E. MCELROY	1726 Iverness Court	<b>/</b> Add
		1726 Iverness Court Long wood FL 32779	C Remove
		76* ***	Remove-
			5 PH 3: 3 TA
			□ Remove
***************************************			D Add
			□ Remove
			□ Add
			C Remove

11 amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

i amending any	,	, ,
. MEM	PEISHP UNITS to be SPLIT	
MOR	Joseph W. Baker, Jr.	50%
AMBR	Dianne E. McElray	50%
<del></del>	<del></del>	
<del></del>		
(The effective date mu	other than the date of filing:  st be specific, cannot be prior to date of receipt or filed date	(optional) and cannot be more than 90 days after
The effective date mu the date this docume	st be specific, cannot be prior to date of receipt or filed date at is filed by the Florida Department of State)	(optional) and cannot be more than 90 days after
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(The effective date mu the date this document	st be specific, cannot be prior to date of receipt or filed date at is filed by the Florida Department of State)  Meeu 21 , 2014 .  Deput W Baker, Ar Signature of a member or authorized receipt or filed date of receipt or filed date of receipt or filed date of receipt or filed date or authorized receipt or authorized r	and cannot be more than 90 days after
(The effective date mu the date this docume	st be specific, cannot be prior to date of receipt or filed date at is filed by the Florida Department of State)  Mee 21 , 2014 .  Benu W Baker, Ac	and cannot be more than 90 days after

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Filing Fee: \$25.00

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