# L13000124734

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(Ad	dress)	.,,
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(Cit	y/State/Zip/Phon	e #)
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# **COVER LETTER**

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TO: Registration Se Division of Corp	ction corations		:
SUBJECT: BA	Name of Limit	ROWTHPOINT LEL ited Liability Company	. <u>C</u>
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Jo	E BAKER Name of Person	
	BAKER WIG	STEN ROWTHPOLI Firm/Company	NT LIC
	1726 IVE	2NESS COURT Address	
	LONGW	00D FL 327'	79
	E-mail address: (1	City/State and Zip Code  Daverir 13 0 V  to be used for funde annual report notifi	ahoo.com
For further information co	oncerning this matter, please ca	all:	
DIANNE Name of	MCG ROY Person	at (407) 619- Area Code Daytime	3090 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 AMENUMENT TO ARTICLES OF ORGANIZATION OF

Baker- Wigster	> Groth	at W	• •
(Name of the Limited Liability Compar (A Florida Limited Li	y as it now appears on ability Company)	our records.)	
The Articles of Organization for this Limited Liability Company v Florida document number <u>L 13000   29734</u> .	were filed on 9	3 2013	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabli	ity company here:		
BAKERMICELROY STRA	estes L	LC	
The new name must be distinguishable and contain the words Limited Liabili	ty Company," the design	ation "LLC" or the ab	breviation;"L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			<del></del>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			<del></del>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		r records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida s	treet address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my rovided for in Chap	duties, and I am t oter 605, F.S. Or,	amiliar with and if this document is

If Changing Registered Agent, Stanature of New Registered Agent

IT amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address or each person, being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			☐ Remove
			Change
			☐ Remove
			☐ Change
<del></del>			
			□ Remove
		/	Change
	/	/	
			Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			Change

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fan effe <b>Vote:</b> 1	ctive 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) f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nt's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Pated _	August 20 2015.
	Goehalei
	Signature of a member of authorized representative of a member

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Filing Fee: \$25.00