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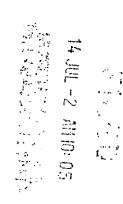
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COVER LETTER

TO:

Registration Section
Division of Corporations

BARAN DEVELOPMENT COMPANY 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:

TIFFANY TURK

Name of Person

ESO PROPERTY MANAGEMENT

Firm/Company

150 COCOA ISLES BLVD #202

Address

COCOA BEACH FLORIDA 32931

City/State and Zip Code

TTURK@ESOEQUITYGROUP.COM

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

For further information concerning this matter, please call:

TIFFANY TURK

,,321,**783-5252**

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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BARAN DEVELOPMENT COMPANY, LLC

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

,.		,,				
The Articles of Organization for this Limited L Florida document number <u>L14000013227</u>	iability Company	were filed on <u>1/24/2014</u>		ar	nd assi	gned
This amendment is submitted to amend the foll	owing:					
A. If amending name, enter the new name o	<u>f the limited liabi</u>	lity company here:				
The new name must be distinguishable and end wi "L.L.C."	th the words "Limit	ed Liability Company," the c	lesignatio	n "LLC" o	r the al	bbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address here		503 N ORLANDO AVE # 201				
		COCOA BEACH FLORIDA 32931				
			ORIDA	32931		
registered agent and/or the new registered of	nice address here	•				
Name of New Registered Agent:	ESO PROP	ERTY MANAGEMEN	T LLC		7%	
New Registered Office Address:	150 COCOA ISLES BLVD #202		77 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7		1.20	
		Enter Florid			1\cdots	:
	COCOA BEACH , F		Florida	32931	<u> </u>	
					\hookrightarrow	
New Registered Agent's Signature, if changing I	Registered Agent:				(i)	
I hereby accept the appointment as registere	ed agent and agre	ee to act in this capacity	further	agree to	compi	lv with

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

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 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>Address</u> **Type of Action** <u>Title</u> <u>Name</u> Remove Remove Remove Add Remove 05 Remove

Filing Fee: \$25.00

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