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(Re	equestor's Name)	
(Ad	ldress)	·····
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(Cit	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE
TALLAHASSEEL FI GRID.

COVER LETTER

Division of Corp		* * * * * * * * * * * * * * * * * * * *	₩
suвјест: <u>Ва:</u>	se Hit Proper	ties LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Carol Van	Bebber	
•		Name of Person	
	Base Hit	Properties LLC	
		Firm/Company	
	220 Neve	1 Rd	
		Address	
	Lutz, FL	- 33549 City/State and Zip Code	
	Carol Evan	oebber. Com to be used for future annual report notifi	cation)
For further information co	ncerning this matter, please co		,
A 1.14	D 1		- 11 -
<u>Caro I Va</u>	v Repper	at (813) 781-09	745 Telephone Number
name of	r etson	Area Code Daytime	relephone Number
E 1: 1 10 1			
Enclosed is a check for the			
\$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

Base Hit Prope	erties LLC				
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our reted Liability Company)	cords.)		_	
The Articles of Organization for this Limited Liability Comparing Articles of Organization for the Organiza	any were filed on	2014	and	l assigned	đ
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited I	iability company here:				
The new name must be distinguishable and end with the words "Limited	Liability Company," the designation	"LLC" or th	ne abbreviatio	on "L.L.C.'	,,,
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS	2				
		<u></u>			
Enter new mailing address, if applicable:		- -			
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ords, <u>ent</u>	er the nai	me of th	<u>ne nev</u>
Name of New Registered Agent:			TALL	7	
New Registered Office Address:			> <u>></u>	8 4	er _i
	Enter Florida street a	<i>ddress</i> , Florida _.	NRY NSSE	D 2544	E
	City		Zip Cz	nde	123 124 125
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent and a		I further	Big C	ਾ ਪੁ _ੱ ਸ ਰਿਆਮਿਆ	j ith tha

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to &mply 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 = Ms $AMBR = As$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>mer</u>	Jimmy Van Bebber	2216 Pinecrest Rd	Add
	•	Lutz, FL 33549	Remove
MGR	Jimmy Figueroa	2216 Pinecrest Dr Lute, FL 33549	ID Add
		Lute, FL 33549	□ Remove
			Remove
			Add
		LLAHASS	SECREMAN
		in (n □[ygq Blad]
		D _x	Remove
			_□ Remove

f amending any oti	her information, enter change((s) here: (Attach additional sheets, if necess	ary.)
ne effective date must b	her than the date of filing: e specific, cannot be prior to date of rec s filed by the Florida Department of Stat	ceipt or filed date and cannot be more than 90 days after the filed date and cannot be more than 90 days after the filed date.	al) er
ated9/	17 , 20	0(4 n D	
	Signature of a member	r or authorized representative of a member	
	Grea Va	n Bebber	

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Filing Fee: \$25.00

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TALL ANASSEE FLORID