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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 23, 2020

JASON BAUGHER BAUGHER SERVICES LLC 65 RED MAPLE CT SANTA ROSA BEACH, FL 32459

SUBJECT: BAUGHER SERVICE'S LLC

Ref. Number: L15000053086

We have received your document for BAUGHER SERVICE'S LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

COASTAL HOME SERVICES, INC - P20000020689

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young Regulatory Specialist II

www.sunbiz.org

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Letter Number: 720A00008526

#### **COVER LETTER**

Division of Cor	rporations		
SUBJECT:	Daugher Ser Name of Lim	vices LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jaso	n Baugher Name of Person	
	Baugher	Services LL Firm/Company	
	65 R	ed Maple C	<u>+</u>
	Santa	ROSE Beach City/State and Zip Code  Of the Code of Code of the Used for future annual report notification of the Code of the C	F1. 32459
	Saltlife in E-mail address (	to be used for future annual report notif	fication)
For further information c	oncerning this matter, please ca	all:	
Jason 1	3 augher f Person	at (850) 247- Area Code Daytime	SS66 e Telephone Number
Enclosed is a check for the	ne 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)

TO:

**Registration Section** 

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Baugher.	Servic	(<)	LLC		2025
(Name of the Limited (A	Liability Com Florida Limite	<b>pany as it n</b> d Liability C	ow appears on or ompany)	ur records.)	
Baugher  (Name of the Limited Liab  The Articles of Organization for this Limited Liab  Florida document number / 5 0005  This amendment is submitted to amend the following	ility Compar 3086	ıy were fil	ed on	25-201	5 and assigned
This amendment is submitted to amend the following	ing:				00
A. If amending name, enter the new name of th					
Sea Side Hor The new name must be distinguishable and contain the word	ne	50	VV,E	cs LL	- C
The new name must be distinguishable and contain the word	s "Limited Lia				_
Enter new principal offices address, if applicable	le:	6	5 Rc	d may	de ct Beach Fl
(Principal office address MUST BE A STREET A	ADDRESS)		Santa	Rosa	BeachFl
		<u></u>	2459		<u> </u>
Enter new mailing address, if applicable:			Sam	e1	
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>		<u> </u>	<u>.</u>	
D. If amounting the majetant description of a second	-4 d - 65				
B. If amending the registered agent and/or registered office address have a second agent and/or the new registered office address have a second agent and/or the new registered office address have a second agent and/or registered agent and/or the new registered agent and/or registered agent and/or the new registered agent and/or the new registered agent and/or registered agent and/or the new registered agent and/or registered agent age		e adoress	on our record	s, <u>enter tne na</u>	me of the new registere
Name of New Registered Agent:	65	Red	mapl.	e Ct	
New Registered Office Address:			Enter Florida stre	eet address	
	Santa	Rosa	Beach	, Florida _	32459
·		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

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MER	Jason Bayner	65 Red Maple Ct	
		South Rosa Beach Fla	99459 □Remove
4 40	ſ		□Change
AMBR	Jenn: fer Bayna	65 Red Made Ct Santa Rosa Beach Fla	(∃∕rdd
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ffective date, if other than the date of filing: (optional)	40.0.00
an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursual lote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not	nt to 605.020 t be listed as
ocument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th of the filed.	day after the
Pated 8-25-2020,	
La Bafor	<del></del>
Signature of a member or authorized representative of a member	
Jason Baugher	
Typed or printed name of signee	