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Stranger of Alberta

7. Hobbers

COVER LETTER

Baylor Er	aterprises, LLC		
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles o	f Amendment and fee(s) are subm	nitted for filing.	
Please return all corresp	oondence concerning this matter to	o the following:	
	Kevin Baylor		
		Name of Person	
	Baylor Enterprises, LLC		
	1	Firm/Company	
	17612 White Fox Dr		
	<u> </u>	Address	
	Parrish, Fl 34219		
		City/State and Zip Code	
	kbaylor@baylorenterprises.co		S - d - d
		be used for future annual report noti	neation)
For further information	concerning this matter, please cal	li:	
Kevin Baylor		941 524-6014 at ()	
Name	of Person		e 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

(Name of the Limi	ted Liability Company as it now appe (A Florida Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited L			gned
his amendment is submitted to amend the following	lowing:		
. If amending name, enter the new name of	of the limited liability company	<u>here</u> :	
he new name must be distinguishable and contain the	words "Limited Liability Company," the	e designation "LLC" or the abbreviation "L.I	C."
nter new principal offices address, if applic	cable:		
Principal office address MUST BE A STREI	ET ADDRESS)		
	-	79 70	512 514
		24	44.7 34.7
nter new mailing address, if applicable:		K	- 111 111
Mailing address MAY BE A POST OFFICE	<u></u>	<u> </u>	
		9 7	r.
. If amending the registered agent and egistered agent and/or the new registered o	_	on our records, enter the name of	of the
gisteren agent anwor the new registeren o	rince address here.		
Name of New Registered Agent:			
New Registered Office Address:	17612 White Fox Dr		
treat tregistered Office Fiduless.	Enter F	lorida street address	
	Parrish	, Florida ³⁴²¹⁹	
	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, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			☐ Add
			Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			□ Change
			Add
			Remove
			☐ Change
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			□ Change

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		4/12/2017			
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ument's effective date or	the Department of	of State's records.			
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record specifies a de he 90th day after th		e date, but not an ef ed.	rective time, at 1	2:01 a.m. on t	ne earner
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•	/	f a member or authorized rep		r	.
	Kenn	R. Baylor		*	2

Page 3 of 3

Filing Fee: \$25.00