

117000035382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

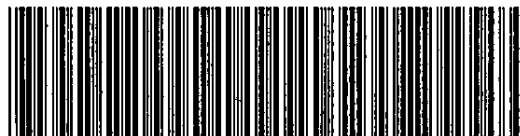
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
18 MAR 21 AM 6:13

N COOPER

MAR 22 2018



## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BAXTERSTORES 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:

TRACY GAPIN

Name of Person

BAXTERSTORES LLC

Firm/Company

1661 RINGLING BLVD #1462

Address

SARASOTA, FL 34230

City/State and Zip Code

TRACYGAPIN@GMAIL.COM

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

For further information concerning this matter, please call:

TRACY GAPIN

941 4005464

at ( )

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



## BAXTERSTORES LLC

Page 1 of 3



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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ADAM BERKEY	1430 N WASHINGTON AVE	<input type="checkbox"/> Add
		SUITE C	<input checked="" type="checkbox"/> Remove
		DALLAS, TX 75204	<input type="checkbox"/> Change
AMBR	TRACY GAPIN	1661 RINGLING BLVD	<input checked="" type="checkbox"/> Add
		#1462	<input type="checkbox"/> Remove
		SARASOTA, FL 34230	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change



**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If 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.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated MARCH 16

2017

Signature of a member or authorized representative of a member

TRACY GAPIN

Typed or printed name of signee