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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

то:	Registration Se Division of Cor			
415155.35		TORES LLC		
SUBJE	CI:	Name of Lim	ited Liability Company	
The end	closed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		TRACY GAPIN		
			Name of Person	
		BAXTERSTORES LLC		
			Firm/Company	· ·
		1661 RINGLING BLVD #	11462	
			Address	
		SARASOTA, FL 34230		
			City/State and Zip Code	A CONTRACTOR OF THE STATE OF TH
		TRACYGAPIN@GMAIL.	COM to be used for future annual ***port noti	(floorion)
12 6				incanon)
ror tur	ther information co	oncerning this matter, please co	all:	
TRACY GAPIN		941 4005464 at ()		
	Name of	f Person	at () Area Code Daytin	ne Telephone Number
Enclos	ed is a check for th	ne following amount:		
\$2:	5.00 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)
	Registr Divisio P.O. Bo	ation Section on of Corporations ox 6327 ussee, FL 32314	STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Co	on rations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BAXTERSTORES LLC			
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	y were filed on 02/14/2017	and assigned	
Florida document number L17000035382			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or	the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		#	
(Principal office address MUST BE A STREET ADDRESS)		CRET LAH	
		HAS HAS	
		SSEE	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		6. COR	
		<u> </u>	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.		nter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ADAM BERKEY	1430 N WASHINGTON AVE	
		SUITE C	■ Remove
		DALLAS, TX 75204	Change
AMBR	TRACY GAPIN	1661 RINGLING BLVD	 Add
		#1462	☐ Remove
		SARASOTA, FL 34230	☐ Change
			Add
			☐ Remove
			□ Change
			Add
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etive date, if other than the deffective date is listed, the date must be: If the date inserted in this blocument's effective date on the Dep	be specific and cannot be p k does not meet the ap	plicable statutory fili	(option more than 90 days after fi ng requirements, this c	ling.) Pursuant to 605.0
ecord specifies a delayed one 90th day after the recor		not an effective	time, at 12:01 a.	m. on the earlie
d MARCH 16	2017	· ·		
	ignature of a member or a	nuthorized representation	e of a member	
3.	AMERICAN PER METER PROPERTY OF C	amonava representan	o o, a memori	

Page 3 of 3

Filing Fee: \$25.00