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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
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(Ви	usiness Entity Nar	ne)
(Dc	ocument Number)	
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	Registration So Division of Cor			
end icz	BAXTER'S	BAYSIDE, L.L.C.		
SUBJEC	<u> </u>		ited Liability Company	
		Amendment and fee(s) are sub	_	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Elizabeth L. Hohe		
			Name of Person	
		Baxter's Bayside, L.L.C.		
			Firm/Company	
		3460 Mill Bridge Drive		
			Address	
		Marietta, Georgia 30062		
		WestwindUnit110@gmail.c	City/State and Zip Code	
		 -	to be used for future annual report notif	ication)
For furth	er information c	oncerning this matter, please ca	all:	
Elizabetl	h L. Hohe		404 218-3237	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed	l is a check for th	ne following amount:		
\$25.0	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

Baxter's Bayside, L.L.C.		
(Name of the Limited Liability Compan (A Florida Limited Lia	(as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company where $\frac{L17000089918}{L}$.	vere filed on <u>04/24/2017</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabili</u>	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OF FICE BOX)		
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:	ce address on our records, <u>en</u>	iter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	SST - S - F - F - F - F - F - F - F - F - F
New Registered Agent's Signature, if changing Registered Agent:	City , Florida	O Zip Çode

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
AMBR	Mark W. Hohe	3460 Mill Bridge Drive, Marietta, GA 3066 Z	B Add
			🗆 Remove
			□ Remove
			Change
		□ Remove	
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Effecti	ve date, if other than the date of filing:	(optional)	
Note:	ective date is listed, the date must be specific and cannot be prior to date of filing or all the date inserted in this block does not meet the applicable statutory filing the date inserted in this block does not meet the applicable statutory filing the date in the applicable statutory filing the date in	more than 90 days after filing.) Pursuant to 60, ng requirements, this date will not be list	5.0207 (3 ted as th
docume	ent's effective date on the Department of State's records.		
	ord specifies a delayed effective date, but not an effective	time, at 12:01 a.m. on the earli	er of:
rne	90th day after the record is filed.		
Dated_	2018 Elizabeth L. Hoke Signature of a member or authorized representative		
	la: 1 m 461.0		
	7 1/12/2000 176 -1 6/2// 2		

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Filing Fee: \$25.00

Typed or printed name of signee