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Office Use Only



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## **COVER LETTER**

TO: Registration Sec Division of Corp				
SUBJECT:	Baker Hi	11 Land Alter	rations,	LLC
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	<u>June</u>	C Hill Name of Person		
	Baker Hill	Land Altera Finn/Company	tions_	
	4542 Mel	Vin Circle Address		
		lle FL 32210 City/State and Zip Code		
	june@s	hiloh group.com to be used for future annual report notifi		
	E-mail address: (	to be used for future annual report notifi	ication)	
	neerning this matter, please co	all:		
June 1-	Person	at ( <u>904</u> ) <u>887</u> Area Code Daytime	-9805 Telephone Number	
Enclosed is a check for the	e following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &

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

Baker Hill he	and Alterations LLC
(Name of the Limited Liab (A Flori	illity Company as it now appears on our records.) Ida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document numberL_1 700010	Company were filed on $May 8, 2017$ and assigned $1653$
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:
·	imited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD	DRESCI
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or regregistered agent and/or the new registered office ad	gistered office address on our records, enter the name of the new ddress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	·

## 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\_being added or removed from our records</u>:

MGR = Ma AMBR = Au	nnager ithorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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an effective	ate, if other th	date must be spec	ific and cannot	he prior to da	1, 20 ( E	iore than 90 di	_(optional) ays after filing.) Pu	irsuant to 605.0	0207
iote: If the	date inserted in effective date of	i this block doe	s not meet the	applicable	statutory filir	ig requireme	nts, this date wil	l not be listed	d as
The 90tl	n day after t	he record is	filed.				2:01 a.m. on	the earlie	ro
	June	Y Signatur		8					
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Page 3 of 3

Filing Fee: \$25.00