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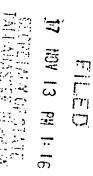
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BAKER BOAT WUYKS 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:
Paul Baker Name of Person Baker Boah works LLC Firm/Company
5434 Douglas St
City/State and Zip Code Baker batwark Qamail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (860) 516 4238 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\bigcup \$30.00 Filing Fee & Certificate of Status \$\bigcup \$55.00 Filing Fee & Certificate of Status \$\bigcup \$Certified Copy (additional copy is enclosed)\$\$ 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

RAKER B	SUXWAAO
(Name of the Limited I	Jability Company as it now appears on our records.) Torida Limited Liability Company)
The Articles of Organization for this Limited Liabi Florida document number 1700 2	
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of the	e limited liability company here:
The new name must be distinguishable and contain the words Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	-
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the new
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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Type of Action **Title** <u>Name</u> <u>Address</u> ☐ Remove ☐ Change AMBR Elizabeth Becker 5434 Douglas st Do∆dd mitton, pc ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add_ □ Remove Change D Add □ Remove ☐ Change □ Add ☐ Remove

☐ 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.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date v document's effective date on the Department of State's records.	Pursuant to vill not be	665.0207 (3 listed as th
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. o (b) The 90th day after the record is filed.	n the ea	arlier of:
Dated Now. 8		_
Signature of a member or authorized representative of a member BAKEY Typed or printed name of signee		_

Page 3 of 3

Filing Fee: \$25.00