

L17 000 219402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

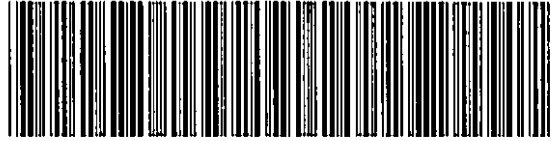
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL

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AUG 27 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Baxter 84LZA, 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:

Frederick Heine
Name of Person
BAXTER 84LZA, LLC
Firm/Company
11711 Via Savona Court
Address
Miromar Lakes, FL 33913
City/State and Zip Code
rheine@baxterbusinessgroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Frederick Heine 239 641-0179
Name of Person at () 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Baxter 84 LZA, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/23/2017 and assigned Florida document number L17000219402.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Baxter Marine Services, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

27499 Riverview Center Blvd Suite 401

(Principal office address MUST BE A STREET ADDRESS)

Bonita Springs, FL 34134

Enter new mailing address, if applicable:

27499 Riverview Center Blvd Suite 401

(Mailing address MAY BE A POST OFFICE BOX)

Bonita Springs, FL 34134

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B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

27499 Riverview Center Blvd Suite 401

Enter Florida street address

Bonita Springs

Florida 34134

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Frederick Heine	27499 Riverview Center Blvd Suite 401	<input type="checkbox"/> Add
		Bonita Springs, FL 34134	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Barbara Heine	27499 Riverview Center Blvd Suite 401	<input type="checkbox"/> Add
		Bonita Springs, FL 34134	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

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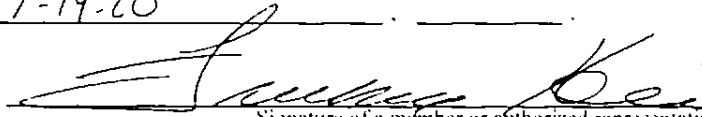
E. Effective date, if other than the date of filing: _____ (optional)

(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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 7-14-20



Signature of a member or authorized representative of a member

Frederick Heine

Typed or printed name of signee