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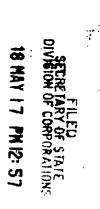
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(4-3-11-3-3-4-11-4-11-4-11-4-11-4-11-4-1
(Document Number)
Certified Copies Certificates of Status
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N COOPER MAY 18 2018

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: B91		Detailing, L	C
	Name of Lim	ited Liability Company	
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:	
	John 1	BUKEY Name of Person	
	Byker	Vucht Defuil	159
	330 5	Pyshule AV. Address	
	Saint Au	945 fihe Fl City/State and Zip Code	
	E-mail address: (City/State and Zip Code Getailing & Cinhi! to be used for future annual report notifi	cation)
For further information co	ncerning this matter, please co		
John Ba	Mer	at (<u>DO4</u>), <u>540</u> Area Code Daytime	7101
Name of	Person	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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Baker Yacht D	retailing LLC.
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 12 19 17 and assigned
Florida document number <u>417 000 258 //</u>	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liab</u>	oility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)	
	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	7 PH IZ: S7
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our records, enter 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
AMBN	Amy Loughlis	330 5845hire AV	🗹 Add
		St. Augustine F1 32080	Remove
			Change
			
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	date, if other than the date of filing: 5/14/18 (optional)		
`am effectiv <mark>∛ote:</mark> If th	date, if other than the date of filing: 7/1/3 (optional) reduce is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 me date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list seffective date on the Department of State's records.		
e record The 90	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlith day after the record is filed.	ier of	i:
Dated	5/14/518 . DOIS.		
	5/14/ETG. DOIS. Signature of a member or authorized representative of a member		
	John Buller Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00