## 118000188700

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
· <del></del>
Special Instructions to Filing Officer:

Office Use Only



100319733561

10/17/18--01008--030 \*\*25.00

OCT 22 2018 S. YOUNG FINEED

18 OCT 15 PN 5: 01

SECRETARY OF STATEMONT 15 AH 10: 29

IALLAHASSEE, FLORIDA

## **COVER LETTER**

SUBJECT: Baker	and Baker Ser, Name of Lim	acity Agency LLC			
	mendment and fee(s) are subdence concerning this matter	-			
	Vernon T B	Name of Person			
	Baker and Bo	Firm/Company / Ser	say LLC		
	3600 South	Ctate Road 7 Address	#333	18 SS TA	
	Miramar,	FL 3302:3 City/State and Zip Code	<u> </u>	OCT 15 CRETANI LLAHASS	FIRED
	Bake and Bake A E-mail address: ( neerning this matter, please ca	a enc 4 in Grand. Com to be used for future annual report noti	fication)	OF STATE	ED.
Vernon T B	CLK & C Person	at ( <u>781)</u> <u>226</u> Area Code Daytime	7251 e Telephone Number	. IDA	
Enclosed is a check for the	following amount:				
<b>⊠</b> \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	e of Status &	

MAILING ADDRESS: Registration Section

Registration Section Division of Corporations

TO:

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

Daker and Haker Se (Name of the Limited Liabili	ity Company as it now appears or	LIC
Name of the Limited Liability (A Florida	a Limited Liability Company)	rout records.)
The Articles of Organization for this Limited Liability C		8/01/2018 and assigned
Florida document number <u>L1800018870</u>		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
The new name must be distinguishable of the state of the		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
		70.7
	· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:		AND PO
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	SSE SE
		TO THE CO
		S 5.
B. If amending the registered agent and/or regist	tered office address on our	r records, enter the name of the new
registered agent and/or the new registered office addr	ess here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	reet address
		, Florida
	City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

' G

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 220 NE 41ST #3 DAdd Oakland Park, FL 33334 Antonia McCloud MGR \_□ Remove ∠ Change AMBR Vernon T. Baker ₩ Add □ Remove ☐ Change □ Add \_\_ Change □ Add □ Remove ☐ Change □ Add ☐ Remove

☐ Change

,				<del></del>		<del></del>			_
				<del></del>	<del></del>				
<del></del> -	<del></del>	~ <del></del>	····	<u> </u>		·—— <u> </u>			<del></del>
				_					
							<del></del>		_
		<del></del>	<del></del>	<del></del>	<del></del>				
					<del></del>			<del></del>	_
				<del></del>					
						<u> </u>			
<del></del>	<del> </del>		<del></del>	<del></del>					_
				<del> </del>	<del></del>		<u> </u>	<del></del>	-
				<del></del>	<del></del>				_
				···					-
					<del></del>				_
					<del></del>				-
						-			-
	<del></del>	<u></u>	<del></del>						-
ffective date	if other than the	date of filin	ıg;			(optional	n		
an enective date	is listed, the date mus	st be specific and	id cannot be neic					n to 60:	5,020
	to inserted in this blo ective date on the De	OUR GOOD HOLL	meet me amm	ערסווותוא יונונטו	filing requirem	ents, this dat	e will not	be list	ed as
record so	erifies a delayod	Loffortiva							
The 90th d	ecifies a delayed ay after the reco	ord is filed	Jace, but no	ot an effecti	ve time, at 1	.2:01 a.m.	on the	earli	er o
	,	Tra is inca.					¥S.		
حديات ب			Λ π'				i S	_	
iica <u>OUT</u>	1056 P	<del></del> ·	7018	<u> </u>			HA.	23	П
	1 -						33		
. /	An 1400 / K =	<i></i>					m	Ś	$T_{ij}$
Vi	rungers 1 15h	S. T. S.	<del></del>	<del></del>					1,24
ated <u>Oc+c</u>	runger 1 15th	Signature of a r	member or auth	orized representa	ative of a member	r :		PH 5: 0	FIEED

Page 3 of 3

Filing Fee: \$25.00