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(Re	questor's Name)	
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COVER LETTER

Division of Corpo			
SUBJECT: <u>BAUN</u>	n → MENSCH Name of Lim	CONTRACTING ited Liability Company	LLC
The enclosed Articles of An	nendment and fee(s) are sub	omitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	RAYMOND	F BAUM J Name of Person	
		Firm/Company	
	7/4 N	9th ST Address	
	PANAMA	City/State and Zip Code	2404
		ACTING @ GMAIL, CO (to be used for future annual report notif	
For further information cond		•	
LINDA	BAUM	at ()33	7162
Name of Po	erson	Area Code Daytime	e Telephone Number
Enclosed is a check for the	ollowing amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting 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 OF

BAUM & MENSCH CO	ONTRACTING LLC	
BAVIN + MENSCH CO (Name of the Limited Liability Compa- (A Florida Limited L.)	ny as it now appears on our records.) Diability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 18000 267 591</u>	were filed on $11/15/2018$ and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
BAUM + SHOUP CONTRACTION TO THE new name must be distinguishable and contain the words "Limited Liabil	CTING LLC	
Enter new principal offices address, if applicable:	714 N 9th ST.	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	PANAMA CITY FL 32404	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	714 N 9th ST PANAMA CITY FL 3240	_ <u>7</u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:	: : : : : : : : : : : : : : : : : : :	
New Registered Office Address:		
	Enter Florida street address Florida City Zip Gree	_
	City Zip Gode	

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 Address Name MGR LYNN D. MENSCH 844 PELICAN PLACE DAdd PANAMA CITY BEACH FL. XRemove ____ Change 714 N9+1 ST XAdd MGR DOUGLAS G SHOUP PANAMA CITY FL 32404 _ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove _□ Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove

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Filing Fee: \$25.00