L20000211794

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COVER LETTER

TO: Registration S Division of Co				
	Associates Real Estate Cons	ultants, LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	condence concerning this matter	to the following:		
	Melanie Baker			
		Name of Person		
	Baker & Associates Rea	l Estate Consultants, LLC		
		Firm/Company		
	1025 Gateway Blvd, 303	3-206		
	Address			
	Boynton Beach FL 3342	26		
		City/State and Zip Code		
	banff95@gmail.com			
	E-mail address: (to be used for future annual report not	ification)	
For further information	concerning this matter, please c	all:		
Melanie Baker		561 512 7744		
Name	of Person	at () Area Code Daytin	ne 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)	
<u>Mailing Addr</u>		Street Address:		
Registration Section		Registration Section		
Division of P.O. Box 63	Corporations	Division of Co The Centre of	-	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Baker & Associates Real Estate Consultants, 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 7/20/2020 Florida document number L20000211794 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) 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: 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.

City

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>	Type of Action
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	July 22, 2	020		
ective date, if other than the effective date is listed, the date ma	e date of filing:	020	(optional)	
e: If the date inserted in this be	block does not meet the application	cable statutory filing r	requirements, this date will	not be listed as the
ument's effective date on the l	Department of State's records	i.		
cord specifies a delayed effecti s filed.	ve date, but not an effective t	ime, at 12:01 a.m. on	the earlier of: (b) The 901	n day after the
July 22.	2020	·		
11	Signature of a member or auth	orized representative of	a member (Lance	A Boken (

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Filing Fee: \$25.00