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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Bara	n Commerce Name of Lin	ce Certer, Ll	<u>.</u>
The enclosed Articles of A	mendment and fee(s) are sub	bmitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
		Baron Name of Person aron & Co. Company	merilal Real Estate
		agler Ase. Son	
	Stuart ibaron Pembil address: (City/State and Zip Code Commercial reale to be used for future annual report noti	State 11c. cm
For further information con	cerning this matter, please co		
Jesemah Name of Po	Baron	at (<u>772</u>) <u>286-</u> Area Code Daytime	- 57 4 4 e Telephone Number
Enclosed is a check for the t	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 Sec Division of Corp P.O. Box 6327 Tallahassee, FL	porations	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810

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

Baron (omm	crce Center LLC
(Name of the Limit	erce (enter LLC ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Li Florida document number 12000032	iability Company were filed on $\frac{10-12-2020}{1000}$ and assigned
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 w	ords "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applica	able:
(Principal office address MUST BE A STREE	T ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	BOX)
B. If amending the registered agent and/or reagent and/or the new registered office address	
Name of New Registered Agent:	Jeremiah Barm
New Registered Office Address:	49 SW Flagler Ave. Soit 301
	Jeremiah Barm 49 SW Flagler Ave. Soit 301 Where Florida street address Straft Florida 34994 City Zip Code
New Registered Agent's Signature, if changing R	egistered 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
AMBR	Matthew Koblegard	49 SW Flagler Ave. Sit 301, Stuart, Fl	□Add
		Sit 301, Stuart, Fl	CKemove
		34994	□Change
			🗆 Add
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an effecti fote: If i ocument	the date inserted in thit's effective date on th	must be specific s block does no e Department o	and cannot be pric of meet the appli of State's record	cable statutory f s.	r more than 90 days after iling requirements, th	t ional) er filing.) Pursuant to 605.02 ris date will not be listed
ecord s _l is filed.	pecifies a delayed effe	ctive date, but	not an effective	time, at 12:01 a.s	m. on the earlier of: (b) The 90th day after th
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ited	May 26t	<u>\</u>	2021			7
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		Signature 0.	f a member or auth	onized represental	ive of a member	com which
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