h21000236081

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PICK-UP WAIT MAIL
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(Business Entity Name)
(Document Number)
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2021 JUL 25 PH 4: 22

COVER LETTER

	tion Section of Corporations	
	ON PROPERTIES OF FL LLC	
SUBJECT:	Name of Li	imited Liability Company
The enclosed Artic	rles of Amendment and fee(s) are st	ubmitted for tiling.
Please return all co	orrespondence concerning this matte	er to the following:
	Rebeca Linz	
		Name of Person
	Dentons Cohen & Grigsl	by P.C.
		Firm/Company
	9110 Strada Place, Suite	6200
		Address
	Naples, FL 34108	
		City/State and Zip Code
	rebeca.linz@dentons.com	ı
	E-mail address:	: (to be used for future annual report notification)
For further informa	ation concerning this matter, please	call:
Rebeca Linz		239 370-0686 at ()
``	Name of Person	Area Code Daytime Telephone Number
Enclosed is a check	k for the following amount:	
≡ \$25.00 Filing !	Fee ☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certified Copy (additional copy is enclosed)
Division P.O. Bo	tion Section of Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BARON PROPERTIES OF FLUE	${\tt C}$
(Name of the Limite	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 L21000236081	· · · · · · · · · · · · · · · · · · ·
This amendment is submitted to amend the follo	owing:
A. If amending name, enter the new name of	the limited liability company here:
The new name must be distinguishable and contain the wo Enter new principal offices address, if applica (Principal office address MUST BE A STREE)	
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	egistered office address on our records, <u>enter the name of the new registered</u> s here:
Name of New Registered Agent:	SHERYL BARON TO TO TO THE TRANSPORT OF T
New Registered Office Address:	1279 Belaice Ct Naply Fl 34110 Emer Florida street address

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 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	DAVID BARON	105 VIA PALACIO	🗀 Add
		PALM BEACH GARDENS, FL 33418	■Remove
			□Change
MGR SHERYL BARON	SHERYL BARON	1279 Belaire Cr Napir, Fr 34110	■Add
		habit to 34110	□Remove
			☐ Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			Change
			□Add
			Remove
			□Change
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			□Remove
			□ C'hanne

	
E. Effec	re date, if other than the date of filing:
Note:	ctive date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to not self-ective date on the Department of State's records.
If the record is f	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Datec	. 2021
	M_{\perp}
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signce