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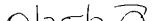
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(Ke	questor's Name)	
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Certified Copies	_ Certificates of	Status
6	Files Officer	
Special Instructions to	Filing Officer:	





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TO:	Registration Sec Division of Corp	tion porations		,
	Baxter Hiller	rest LLC		•
SUBJ	ECT:	Name of Limited	Liability Company	
The er	nclosed Articles of A	Amendment and fee(s) are submit	ted for filing.	
Please	e return all correspoi	ndence concerning this matter to	the following:	
		Cheyenne Moseley		
			Name of Person	
		Legalzoom.com. Inc.		
			Firm/Company	
		101 N. Brand Blvd 11th Fl		
			Address	<u> </u>
		Glendale, CA 91203		
			City/State and Zip Code	
		jmann@baxterhillcrest.com		
			be used for future annual report no	o((neation)
		oncerning this matter, please call	772 530-1405	
Jenni	ifer Mann			
	Name o	of Person	at () Area Code Dayt	ime Telephone Number
12 1	Line shoot for	he following amount:		
		\$30.00 Filing Fee &	\$55.00 Filing Fee &	☎ \$60.00 Filing Fee,
IJ	\$25.00 Filing Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addre		Street Address Registration	=
	Registration	Section Corporations	Division of C	Corporations
	P.O. Box 63		The Centre of	f Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO:

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Baxter Hillcrest LLC			
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company L21000335854 lorida document number	were filed on	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil		abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	#103		
(Principal office address MUST BE A STREET ADDRESS)	Port Saint Lucie, FL 34986		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1391 NW ST Lucie West Blvd		
	Port Saint Lucie, FL 34986	1-3	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the na	me of the new registe	
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida street address		
	, Florida _	Zip Code	

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Mann. Marino A		
			□Remove
		1391 NW ST Lucie Blvd, #103, Port Saint Lucie, FL 34986	™ Change
MGR	Mann, Jennifer B		
			□ Remove
		[39] NW ST Lucie Blvd, #103, Port Saint Lucie, FL 34986	E Change
			□ Add
			□Remove
			□ Change
			🗀 Add
			□Remove
			Change
			Remove
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effective date is listed. te: If the date inserte	r than the date of filing: the date must be specific and canned in this block does not meet the on the Department of State.	the applicable statutor	ng or more than 90 days a	ptional) fter filing.) Pursuant to 605.020 this date will not be listed a
amont 5 checure de	on the Department of State			
cord specifies a dela s filed.	yed effective date, but not an e	ffective time, at 12:0	l a.m. on the earlier of	: (b) The 90th day after th
ed Arca	31.0.t 6	2021		
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Typed or printed name of signee