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(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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SLORE FARY OF STATE

T. MATTHEWS MAY 3 1 2022

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: B	axter SES T	Properties LLC ited Dability Company	·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Estre	11a Baxter Name of Person	
	Baxter	SES Properties (LC
	3185	Spotled Bass LN	
	Jachs	City/State and Zip Code	<u>0</u>
		inal Cyahoo. Cor	fication)
For further information c	oncerning this matter, please ca	ıll;	
Estrella B	paxter	at (803) 565-	2758
Name o	f Person		e Telephone Number
Enclosed is a check for the	ne 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 Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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 TARY OF STATE OF STATE

2) 040	22 APR 19	AM 9: 49
Baxter S&S	Properties LLC	
(<u>Name of the Limited Liabil</u> (A Florid	Properties LLC ty Company as it now appears on our recor a Limited Liability Company)	<u>ds.</u>)
Γhe Articles of Organization for this Limited Liability (Company were filed on March (09 2022 and assigned
Florida document number <u>L22000 19702</u>	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	ited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADD	RESS)	
		·
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		·
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	255
		lorida Zip Code
	Ciry	zip Coae

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 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
MGR	Estrella Baxter	3185 Spotted Bass LN	MAdd
		Jacksonville, FL 32226	□Remove
		 	□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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lf an eff <u>Note:</u>	ve date, if other than the date of filing:
e recor rd is fi	d 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 ed.
Dated	April 14th 2022
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member
	Stephen Baxter Typed or printed name of signee