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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

*7*,

NAME OF CORPOR			e at BakerInc.
DOCUMENT NUMI	BER:	0087140	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	Willia	Name of Contact Person	H III. at Bake INC.
	The Ci	ub House	at Bake, INC.
	7322 D. Mt. Vernon St.		
GILAST. MM FL 37040  City/State and Zip Code			37040
	E-mail address: (to be us	Lumbing O n sed for future annual report	efcom.nef
For further informatio	n concerning this matter, pleas	se call:	
Willian	Crockett of Contact Person	at (104	1653-1006
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
<u>Mai</u>	ling Address	Street	Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment

to

Articles of Incorporation

The Club House (Name of Corporation as currently	se A+ Baker Toc, y filed with the Florida Dept. of State)
P170000	87140
• • • • • • • • • • • • • • • • • • • •	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	N/A. The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "I	n," "company," or "incorporated" or the abbreviation  Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office address:	
Name of New Registered Agent	NIA
(Florida stre	et address)
New Registered Office Address:	City) , Florida 70,
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Signature of New Re	evistered Agent, if changing

## If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held, President, Treasurer, Director would be <math>PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	Julie A. Crockett	11331 Pender Pauleiser Spinderson FL
Add			SANDESON FZ
Remove			32087
2) Change			
Add			
Remove			<del></del>
3 ) Change			
Add			
Remove			<del></del>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			<del></del>
6) Change			
Add			
Remove			

- 11.30111	ding or adding additional Article additional sheets, if necessary).	(Be specific)	<del></del>	
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	nendment provides for an exchar	ige, reclassification,	or cancellation of issued s	<u>hares,</u>
lf an an		ment if not containe	d in the amendment itself	
provisi	ons for implementing the amend			
provisi	not applicable, indicate N/A)			/
provisi	not applicable, indicate N/A)			N/A
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provisi	not applicable, indicate N/A)			N/A·
provisi	not applicable, indicate N/A)			N/A·

The date of each amendment(s) as date this document was signed.	loption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this date variation of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	opted by the board of directors without shareholder action and shareholder	
action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated 5/	18/18	
Signature	willist full to	
	irector, president or other officer - if directors or officers have not been	
	d, by an incorporator – if in the hands of a receiver, trustee, or other court led fiduciary by that fiduciary)	
	William JCrockett III	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	