## 117000/63477

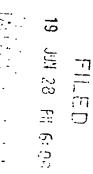
| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |

Office Use Only



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08/28/19--01006--004 \*\*25.00



JUL 1 2 2019

S. YOUNG

## **COVER LETTER**

| TO: Registration S Division of Co |  | •   | . •  |
|-----------------------------------|--|---|--|
| SUBJECT:                          | James Bake<br>Name of Lim                    | ited Liability Company  |  |
| •                                 |  |   |  |
| The enclosed Articles of          | Amendment and fee(s) are sub-                | mitted for filing.  |  |
| Please return all corresp         | ondence concerning this matter               | to the following:   |  |
|                                   | <u>)ames</u>                                 | Rame of Person  | <del></del>  |
|                                   | James  | Baker LLC<br>Firm/Company   | _ <del></del>  |
|                                   | 11444 E bard                                 | CT TANGETAGESS Address  |  |
|                                   | Inverness f                                  | City/State and Zip Code   |  |
|                                   | E-mail address: (1                           | M. J. (W. (1 Mail - On to be used for future annual report notifications) | ication)   |
| For further information           | concerning this matter, please ca            | all:  |  |
| )ames                             | Baxer<br>of Person                           | at (25)2 ) (CO) - (<br>Area Code Daytime                                  | 0235<br>Telephone Number   |
| Enclosed is a check for t         | he 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/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| James Baker LLC   |  |
|---|--|
| (Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)  | on our records.)                             |
| The Articles of Organization for this Limited Liability Company were filed on Florida document number 1100163477.                       | and assigned                                 |
| This amendment is submitted to amend the following:   |  |
| A. If amending name, enter the new name of the limited liability company her  | <u>re</u> :                                  |
| The new name must be distinguishable and contain the words "Limited Liability Company," the de-   | signation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:   |  |
| (Principal office address MUST BE A STREET ADDRESS)   | 9  |
|   | 当  |
|   | 22 [   |
| Enter new mailing address, if applicable:   |  |
| (Mailing address MAY BE A POST OFFICE BOX)  | Ę - <b>6</b> .                               |
|   | 9 9 9 P                                      |
| B. If amending the registered agent and/or registered office address on registered agent and/or the new registered office address here: | our records, enter the name of the new       |
| Name of New Registered Agent:   |  |
| New Registered Office Address:  |  |
| Enter Florid  | la street address                            |
|   | , Florida                                    |
| City  | 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

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>    | <u>Address</u>                | Type of Action |
|--------------|----------------|-------------------------------|----------------|
| (00_         | Kimberly Baker | 11444 E bardet, Invernoss Fl. | \XAdd          |
|              |                |                               | Remove         |
|              |                |                               | Change         |
|              |                |                               |                |
|              |                |                               | Remove         |
|              |                |                               | Change         |
|              |                |                               |                |
|              |                |                               | □ Remove       |
|              |                |                               | Change         |
|              |                |                               | □ Add          |
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|              |                |                               | □ Change       |
|              |                |                               | □ Add          |
|              |                |                               | □ Remove       |
|              |                |                               | Change         |
| <del></del>  |                |                               | □ Add          |
|              |                |                               | _ Remove       |
|              | •              |                               | _□ Change      |

| D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)   |
|---|
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|   |
| E. Effective date, if other than the date of filing:  |
| If the record 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 record is filed. |
| Dated 6/24/2019,  |
| Signature of a member or authorized representative of a member  TAMES A BAKEN TR  Typed or printed name of signee   |
| Signature of a member or authorized representative of a member  |
| Typed or printed name of signee   |

Page 3 of 3

Filing Fee: \$25.00