L10	Florida Department of State Division of Corporations Electronic Filing Cover Sheet	
Note: Ple: number (s	ase print this page and use it as a cover sheet. Type the fax audit shown below) on the top and bottom of all pages of the document.	ι
	(((1-1180001086693))) H180001086693ABC6	
Note: DO	NOT hit the REFRESH/RELOAD binton on your browser from th page. Doing so will generate another cover sheet.	is
<u>د:</u> د	: Division of Corporations Fax Number : (950)617-6383	
**Coter the em	om: Account Name : LEGALZMOM.COM INC. Account Number : I20010[00062 Phone : (323)962-9600 1 1 Fax Number : (323)962-3089 mail address for this business entity to be used for f	
annual r	eport mailings. Enter only one email address please,* dress:	
LLC	AMND/RESTATE/CORRECT OR M/MG RESIGN BAKER FINANCIAL INVESTMENT, LLC	يں ند
APR 0 5 2018	Certificate of Status0Certified Copy1Page Count06Estimated Charge\$55.00	

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FAX COVER SHEET

TO			
COMPANY			
FAXNUMBER	18506176383		
FROM	Amanda Sando		
DATE	4/5/2018 2:17:04 PM PDT		
RE	(((H18000108669 3))) BAKER FINANCIAL INVESTMENT, LLC		
LZ#526223518			
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COVER MESSAGE

This entitliand any attachments to it may be confidential, if this ential was sont to you in error, please notify molimmediately by replying to this entail, and please do not use, distribute, rotain, print, or doublink entail or any of its attachments. LegalZoom is not a law firm and provides self-nelp services at your specific direction. LegalZoom is located at 9900 Spectrum Drive, Austri, TX 79717.

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	(COVER LETTER	
TO: Registration Sco			
TO: Registration Sec Division of Corp	non Ioratiou		
BAKER FI	NANCIAL INVESTMENT	: 1 LLC	
SUBJECT:		ited Liability Company:	
The such as the definition of the			
	uniendment and fee(s) are sub-	-	
Please return all correspon	dence concerning this matter i	to the following:	
	Character Mandara	· 	
	Cheyenne Moseley	· · · · · · · · · · · · · · · · · · ·	·
		Name of Person	
	Legalzeom.com, Inc.		
		Firm/Company	
	101 N. Brand Blvd., 11t	h Floor	
		Address	
	Glendale, CA 91203		
		City/State and Zip Code	
	Mikejrbaker@yahoo.com	• -	
	E-mail address: (i	to be used for future annual report notification)	
For further information co	ocerning this matter, please ca	ail:	· · · · · · · · · · · · · · · · · · ·
Cheyenne Moseley		800 773-0888 ext. 9724	
Name of	Person	at () Area Code Daytime Telephone	e Number
			میں ہے۔ ۱۰۰۰ - ۲۰۰۰ - ۲۰۰۰
Enclosed is a check for the	ງ folloning amount:		
	Storiowing antonic	■ \$55,00 Filing Fee & □ \$	50.00 Filing Fee,=
□ \$25.00 Filing Fee	Certificate of Status	Certified Copy	Certificate of Status &
			Certified Copy (1) (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallabassee, FL 32314		STREET/COURIER ADD Registration Section	RESS:
		Division of Corporations	
		Clifica Building 2661 Executive Center Circle	2
		Tallahassee, FL 32301	

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To: Page 4 of 6

4/5/2018 2:20:26 PM PDT

13239628300 From: Amanda Sando

ARTICLES OF						
TO						
ARTICLES OF ORGANIZATION						
0	F ···					
BAKER FINANCIAL INVESTMENT, LLC						
(Name of the Limited Liability Company (A Florida Limited I	TY as it now appears on our records.)					
The Articles of Organization for this Limited Liability Company Florida document number L18000061194						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liabi	lity company here:					
	······································					
The new name must be distinguishable and end with the words "Limited Liab	uity Cormany," the designation "LLC" of the abbreviation "LLC."					
Enter new principal offices address, if applicable:	3145 Hollyberry Lane					
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, Florida 32277					
Enter new mailing address, if applicable:	3145 Hollyberry Lane					
(Mailing address MAY BE A POST OFFICE BOX)	Jacksonville, Florida 32277					
Multing united states of the s						
B. If amending the registered agent and/or registered of	fice address on our records, enter the name of the new					
registered agent and/or the new registered office address her						
Name of New Registered Agent:						
New Registered Office Address:						
New Recostrict Office Hour Con-	Enter Florida stored oddress					
	Florida					
	City: Zip Code					
New Registered Agent's Signature, if changing Registered Agenti	and a second sec					
······································						

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 mereby 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

Page 1 of 3 at

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
		<u> </u>	D Add
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To: Page 6 of 6

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Article IV. Please update the address of managers Michael A Baker and Dolores Smiley,

as well as member Capreonia Q Mitchell, to read as follows:

3145 Hollyberry Lane, Jacksonville, FL 32277

E. Effective date, if other than the date of filing: ________________________________(optional) (The effective date must be specific, cumuel be prior to date of receipt or filed date and cumuel be more than 90 days often the date this document is filed by the Florida Department of State)

3 \mathbf{S} Dated_ stive of a member Sign them - C1

Michael A Baker

Typed or printed name of signee

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Page 3 of 3

Filing Fee: \$25.00