118000283429

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
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ALBRITION

COVER LETTER

TO: Registration S Division of Co			
	Urippi Baker Financial Planning Ll	LC	
SUBJECT:	Name of Limite	d Liability Company	
The enclosed Articles o	f Amendment and fee(s) are submi	ited for filing.	
Please return all corresp	ondence concerning this matter to	the following:	
	Debra Simmons		
		Name of Person	· · · · · · · · ·
	Beaches Bookkeeping Inc.		
		Firm Company	
	254 3rd Street		
		Address	
	Neptune Beach FL 32266		
	debbie(a beachesbookkeeping		
	E-mail address: (to	be used for future annual re	port notification)
For further information	concerning this matter, please call	!:	
Debra Simmons		904 242- at ()	
Name	of Person	Area Code	Daytime Telephone Number
Enclosed is a check for	the following amount:		
S25.00 Filing Fee		\$555.00 Filing Fee & Certified Copy (additional copy is enclosed)	See. Sectificate of Status & Certificate Copy (additional copy is enclosed)
Regi: Divis P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 thassee, FL 32314	Registratic Division o Clinon Bu	f Corporations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Michelle Grippi Baker Financial Plannin	g. L.L.C	
(<u>Name of the Limited Li</u> IA Fi	ability Company as it now appears on our records. orida Limited Liability Company)	,
The Articles of Organization for this Limited Liabili Florida document number L18000283429	ty Company were filed on 1/1/2019	and assigned
This amendment is submitted to amend the following	દ્ય:	
A. If amending name, enter the new name of the	limited liability company here:	
The Grippi Baker Group, LLC		~2
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC"	or the abbreciation H.C.
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET AI	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u> </u>	H 12: 52
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address:		rida
_	Cin	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. Thereby 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>	Name	<u>Address</u>	Type of Action
			☐ Remove
			Change
			□ Add
			□ Remove
			□ Change
			Add
			□ Remove
			Change
			☐ Remove
			☐ Change
			Add
			Remove
			Change
			D Add
			☐ Remove
			Change

	ing any other information, enter change(s) here: Attach additional sheets, if necessary, ange of name only
 .	
	
Effective	date, if other than the date of filing: (optional)
(If an effect Note: If	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records.
the recor) The 9	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 0th day after the record is filed.
Dated	2/2019
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member Michelle Grippi Baker
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00