# **Division of Corporations Electronic Filing Cover Sheet**

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(((H19000216110 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : HALL & RUNNELS, P.A.

Account Number : I20010000204

Phone : (850)337-4600

Fax Number : (850)337-4720

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

shawnbaker@me.com Email Address:\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BAKER CAPITAL FIRM LLC

Certificate of Status	. 0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

JUL 17 2019

A. LUNT

## **COVER LETTER**

TO: Re Di	gistration S vision of Co	ection rporations			
SUBJECT:	BAKER C	CAPTTAL FIRM LLC			
<b>,</b>		Name of Lic	nited Liability Company		
The enclose	d Articles of	S A mandan and a cook			
		Amondment and fee(s) are sub ondence concerning this matter			
		Shawn Baker	to the real of the second seco		
		BAKER CAPITAL FIRM	Name of Person		
			Pirru/Company		
		75 Bayou Manor Rd.			
		Santa Rosa Beach, FL 324	Address 59		785 <b>-</b>
		shawnbaker@me.com	City/State and Zip Code	·• <u></u>	
<b></b>			to be used for future annual report notifi	(cation)	7 7
		oncerning this matter, please ca	aU:		
Robert Vilare			513 602-5689 at ()		
	Name of	f Person	Area Code Daytime	Telephone Number	
Enclosed is a	check for th	e following amount:			
■ \$25.00 Fi	ling Fee	Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is analosed)	☐ \$60,00 Filing Fee Certificate of Sta Certified Copy (additional copy is e	atus &

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

1-850-337-4720

T-539 P0003/0005 F-196 Fax Audit #: (((H19000216110 3)))

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BAKER CAPITAL FIRM LLC  (Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 6/21/2019	and assigned
The Articles of Organization for this Limited Liability Company were filed on 6/21/2019 and assigned Florida document number L19000163931  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:		
	The new name must be distinguishable and contain the words "Limit	ited Liability Company," the designation "LLC" or
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		176. 9 176. U
B. If amending the registered agent and/or registered agent and/or the new registered office add	tered office address on our records, <u>e</u> ress b <u>ere</u> :	
Name of New Registered Agent:		R
New Registered Office Address:	Enter Florida street address	
	Florid	ter the name of the new
<del></del>	City	

#### 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

T-539 P0004/0005 F-196 Fax Audit #: (((F179000216110-3)))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

MGR = Manager AMBR = Authorized Member

<u>Title</u> AMBR	<u>Name</u> William Deisler	Address	Type of Action
		PO Box 1325 Defunisk Springs, FL 32345	Add
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If amending any other information, enter change	e(s) here: (Attach additional sheets,	if necessary.)	((111500021011(	Ι.
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			0 <b>1 5 1 1 1 1 1 1 1 1 1 1</b>	
Effective date, if other than the date of filing:(If an effective date is fisted, the date must be specific and cannot <u>Note</u> : If the date inserted in this block does not meet the document's effective date on the Department of State's	he applicable statutory filing requireme	_ (optional) ays after filing.) Pu nts, this date wil	rsuant to 605.0207 (3)(b)	
Comment 3 officerite day of the Department of Onice				
the record specifies a delayed effective date,  The 90th day after the record is filed.	but not an effective time, at 1	2:01 a.m. on	the earlier of:	

Dated \_\_ 2019 Signature of a member of authorized representative of a member Shawn Baker Typed or printed name of signee

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Filing Fee: \$25.00