

L19 000 172682

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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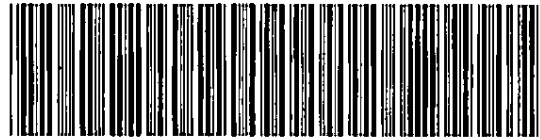
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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NOV 24 2020



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
2020 NOV 23 PM 3:28

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

October 5, 2020

JOSEPH C BAKER  
1807 OX BOTTOM LN  
TALLAHASSEE, FL 32312

SUBJECT: WMB LLC  
Ref. Number: L19000172682

We have received your document for WMB LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Terri J Schroeder  
Regulatory Specialist III

Letter Number: 120A00019322

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: WMB LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSEPH C. BAKER  
Name of Person  
WMB LLC  
Firm/Company  
1807 OX BOTTOM LANE  
Address  
TALLA, FL 32312  
City/State and Zip Code  
bjocb1@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSEPH C. BAKER at ( 850 ) 815-2967  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|--|--|

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

WMB LLC  
(Name of the Limited Liability Company as it now appears on our records,  
(A Florida Limited Liability Company))

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ and assigned  
Florida document number L19000172682

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: \_\_\_\_\_

(Mailing address MAY BE A POST OFFICE BOX) \_\_\_\_\_

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida 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**

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]

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

THE AMENDMENT PROVIDES FOR AN EXCHANGE  
OF ISSUED SHARES AS INDICATED BELOW:

THIS AMENDMENT EXCHANGES 51% SHARES  
AND OWNERSHIP FROM ZAYIDA BAKER TO JOSEPH C. BAKER  
WHO NOW BECOMES PRESIDENT. ZAYIDA BAKER  
RECEIVES 16.333% OF SHARES AND OWNERSHIP  
AND BECOMES VICE PRESIDENT. NEGHESTY BAKER  
AND SIYE BAKER EACH RETAIN 16.333% OF  
SHARES AND OWNERSHIP OF WMB LLC dba  
BAKER INSTRUMENTS AND REMAIN TREASURER  
AND SECRETARY RESPECTIVELY.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective 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 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 11-23 - 2020

Joseph C. Baker

Signature of a member or authorized representative of a member

JOSEPH C. BAKER

Typed or printed name of signee