LZI 000072989

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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Name of Umi	Baker LLC.	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter t	to the following:	
	Albr	Cann Nicole Ba	Kie
		Firm/Company	
	73 West	minster Drive	
	Palm Coast	FL 3216' City/State and Zip Code	4
	Obby log E-mail address: (t	Ker O hotmail. Co be used for future annual report notif	fication)
For further information	concerning this matter, please ca	all:	
Abby	Bakek of Person	at (386) 864- Area Code Daytime	3154 e Telephone Number
Enclosed is a check for	the following amount:		
X \$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 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

Aloby Baker, L	LC	
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 1/8/2021	and assigned
Florida document number <u>12100022989</u> .	, ,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
Abreann Nicole Baker, LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	<u></u>	
Enter new mailing address, if applicable:		.
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a	ddress on our records, <u>enter the nan</u>	ne of the new registered
agent and/or the new registered office address here:		292
		77 77 70
Name of New Registered Agent:		1 1
New Registered Office Address:		<u>.</u>
-	Enter Florida street address	<u> </u>
	Florida	Zip Code
	City	Zi <u>p</u> 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 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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
	<u> </u>		□Add
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n effec <u>ote:</u> If	e date, if other than the date of filing:
ecord is filed	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 d.
ted _	
	V/// L L L
	- Pluly VV
	Signature of a member or authorized representative of a member Abreann Nicole Baka Typed or printed name of signee