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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nam	ne)
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Certified Copies	_ Certificates	of Status
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T. MATTHEWS MAR 29 2022

COVER LETTER

Registration Section **Division of Corporations**

Baker Botan	icals				
SUBJECT:	Name of Limit	ted Liability Company	·		
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.			
Please return all correspon	ndence concerning this matter t	to the following:			
	Timothy M Baker				
		Name of Person	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) ion orations llahassee Street, Suite 810		
		Firm/Company	<u> </u>		
	1150 Craftsland Ln				
	Palm Bay FL, 32905	Address			
	City/State and Zip Code				
	bigbake70@yahoo.com		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Section Corporations of Tallahassee proc Street, Suite 810		
	E-mail address: (1	to be used for future annual report not	ification)		
For further information c	oncerning this matter, please ca	all:			
Timothy M Baker		321 266.6200 at ()			
Name o	f Person		ne Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy		
Mailing Address Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, Fl	rporations Tallahassee oe Street, Suite 810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Baker Boameais		<u> </u>
(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our re liability Company)	<u>stords.</u>): 10 1:01-44
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000031554</u>	were filed on 1/14/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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 a agent and/or the new registered office address here:	nddress on our records, <u>e</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
		, 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 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
AMBR	Timothy M Baker	1150 Craftsland Ln. NE Palm Bay FL, 32905	■Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
		- <u>-</u> <u>-</u>	□Change
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Filing Fee: \$25.00