

121000234205

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

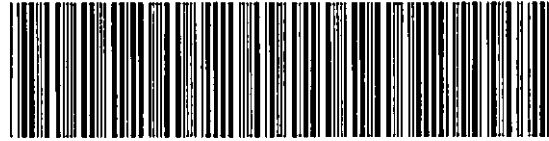
(Business Entity Name)

(Document Number)

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FILED
2021 JUL -9 PM 2:28
TALLAHASSEE, FL

D. BRUCE
JUL 12 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Baker Holdings & Investments 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:

Max Adams

Name of Person

The medilawfirm

Firm Company

4929 SW 74th CT

Address

Miami, FL, 33155

City/State and Zip Code

Info@The medilawfirm .com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Max Adams

Name of Person

at (305)

Area Code

444-3484

Daytime Telephone Number

Enclosed is a check for the following amount:



☒ \$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

2021 JUN -9 PM 2:28

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

Baber Holdings & Investments, 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 5-19-21 and assigned
Florida document number L21000234205.

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)

1211 Lost Creek CT
Osprey, FL, 34229

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1211 Lost Creek CT
Osprey, FL, 34229

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

City, Florida

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MEM	Harolina Baker	1211 Lost Creek Ct	<input type="checkbox"/> Add
		Osprey, FL, 34229	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MEM	Monty Baker	1211 Lost Creek CT	<input type="checkbox"/> Add
		Osprey, FL, 34229	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE, FL

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Tadpole

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.

Dated June 7, 2024

Typed or printed name of signee