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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: JS 1	BAKER, LLC Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	dence concerning this matter	to the following:	
	JACOB BI	AKER	
		Name of Person	
		Firm/Company	
	10900 LEGI	ACY GATEWAY CIR,	APT 308_
		2S FL 33913 City/State and Zip Code	
	JAKEBAKER E-mail address: (787@GMAIL · COM to be used for future annual report notifi	1 (cation)
For further information co	ncerning this matter, please co	all:	
ADAM JOSEPH Name of		at (910) 922 - Area Code Daytime	0030 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		Street Address:	

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

TO:

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

JS BAKER, LLC

(Name of the Limited Liability Compa (A Florida Limited I.	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 12300042436	were filed on <u>JANUARY 23, 2023</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
JAKE BAKER ENTERPRISES L	LC ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	202
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	B 3 F D
Mailing address MAY BE A POST OFFICE BOX)	5 0: 05
3. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida stroet 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

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
			Remove
			□ Change
			□Remove
			□ Change
			□ Add
			□ Remove
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an effective date is ote: If the date	listed, the date must be inserted in this block ive date on the Depa	specific and ead does not med	unnot be prior to et the applicat	o date of filing of ole statutory fi	r more than 90 da ling requiremen	(optional) ws after filing.) I nts, this date w	Pursuant to 605.0207 ill not be listed as
record specifies d is filed.	i delayed effective d	ate, but not ar	ı effective tim	ne, at 12:01 a.n	n, on the earlie	r of: (b) The	90th day after the
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