LZD 000308066

	(Requ€	estor's Nam	ne)	
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PICK-UP	,	MAIT		MAIL
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Certified Copies	\mathcal{A}	Certifica	ates of S	Status
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Special Instructions	to Fili	ng Officer:		





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COVER LETTER

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Registration Section Division of Corporations

UBJECT:	TSPYBABY LLQ Name of Lim	oited Liability Company	
he enclosed Article	es of Amendment and fee(s) are sub	omitted for filing.	
lease return all cor	respondence concerning this matter	to the following:	
	Odc	Name of Person	
		Ispy Baby LLC	
	341	Y Franklin Ave Sur Address Address OM City/State and Zip Code	te 6871642
	Pined	Gity/State and Zip Code	NY , AM 82941
or further informat	E-mail address: ()	Ispybabirs Ogmail con to be used or future annual report noti Ispibabirs a	fication) ogmolil-com
<u> </u>	Sha MilChell une of Person	at (<u>813</u>) <u>389</u> - Area Code Daytim	- 0162 e Telephone Number
nclosed is a check	for the following amount:		
□ \$25.00 Filing F		☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Division P.O. Box	ion Section of Corporations	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Callahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ISPYBABY LIC				
(<u>Same of the Limited L</u> (A F	<u>iability Com</u> lorida Limite	pany as it now appear d Liability Company)	's on our records.)	
The Articles of Organization for this Limited Liabil Florida document number <u>L_Z()()()()()()()()()()()()()()()()()()()</u>	3066 ng:		,	and Assigned
•				
ISPYDableS LLC The new name number distinguishable and contain the words	"Limited Lia	bility Company," the d	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable <u>Principal office address MUST BE A STREET A</u>		Suite	BUSCH B 105 FL, 33618	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		2901 W Suite Tampa	BUSCH BO 705 FL , 33618	ulevard
3. If amending the registered agent and/or regis gent and/or the new registered office address he	tered offic ere:	e address on our r	ecords, <u>enter the n</u> :	ame of the new registere
Name of New Registered Agent:				
New Registered Office Address:	2901		BOY18VOY d	Suite 705
_			, Florida	3 3618 Zip Code
New Registered Agent's Signature, if changing Regis	stered Agen	<u>ıt:</u>		

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.

f 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>l'itle</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□ Change
			□ Add
			□Remove
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			□Remove
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			□Add
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			□Remove
			☐ Change
			□Add
			□Remove
			□Change

If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	Business name was filed incorrectly by third party.
	Name should read "ispy bables ite" residential advess is
	same as business physical location as well as mailing Adress
	same as business physical location as well as mailing Adress Athess should read as it 2901 W Busch Boullevard Suite 705
	Tampa, FL 33616"
	EIN has been assigned 85-3398270
	Thank you numer Odawha
	Thank you, Owner, Odgisha Milchall
	Allact of Break the annual
	- 11111101 -21111135 -11136 -10111
If an ef Note:	tive date, if other than the date of filing:
ne reco ord is f	rd 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 iled.
Dated	10/15/2020 2020. dc +ober 15th // Athell
	Signature of a member of authorized representative of a member
	Typed or printed name of signee