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COVER LETTER

COVER DETTER				
TO: Registration Section Division of Corporations				
SUBJECT: BAB ALEXANDA 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:				
JANNA BISCHOFF (Name of Person)				
BABY ALEXANDRA (Firm/Company)				
HSSO PLA BOULEVARD SUITE 105 RALM BEACH GARDENS, FL 334/18 (Qity/State and Zip Code)				
PALM BEACH GARDENS, FL 334/18 (City/State and Zip Code)				
For further information concerning this matter, please call:				
TANNA BISCHOFF at (510) U2U·44U(0 (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\$ 55.00 Filing Fee \$\ \text{Certified Copy}\$\$ (additional copy is enclosed) \$\$\$ 60.00 Filing Fee, \$\$\$ Certified Copy (additional copy is enclosed)				

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE OF STATE OF CORPORATIONS

OT DIVISION OF CORPORATIONS

(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 $\frac{H}{3}/\frac{2002}{2000}$ and assigned Florida document number $\frac{L0200007879}{200007879}$.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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:

JANNA BISCHOFF

(Enter Florida street address)

Volon Beach Enders

(City) (Z

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 608, 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM =	= Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u> M62N</u>	Arrisox Hir	201 RILYN DR. W. PALM BEACH, FL 33405	Add Remove
MUR	JANNA BISCHOFF	128 VIA ZAMORA JUPITER, FL 33458	Add Remove
<u>M</u> 658	ANTA SCAPOLA	107 SCHOONER LANE JUDITER, FL 33477	Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If am	ending any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	
Dated	A 6-150N	or authorized representative of a member the contraction of the contr	SUCRETARY OF STATE DIVISION OF CORFORATIONS 07 DEC 28 PM 12: 15
	Y	or printed name of signee	

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Filing Fee: \$25.00