## 10500030618

(Requestor's Name)	<del></del>
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PICK-UP WAIT MA	IL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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## COVER LETTER

	gistration Sec vision of Corp			
CUBICT.	BABAK LLO			
SUBJECT:		Name of Limi	ted Liability Company	
The encloses	d Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return	n all correspon	dence concerning this matter	to the following:	
		sam sami		
		·	Name of Person	
		BABAK LLC		
			Firm/Company	<del></del>
		Name of Person  BABAK LLC		
			Address	
		Miami, Fl. 33166		
			City/State and Zip Code	
		E-mail address: (1	to be used for future annual report r	iotification)
For further i	information co	ncerning this matter, please ca	all:	
Sam Sami			786 306 4353	
	Name of	Person	at () Area Code Day	time Telephone Number
Enclosed is	a check for the	e 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

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

BABAK LLC	
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.)
(A Florida Dalinea Dia	onity Company)
The Articles of Organization for this Limited Liability Company w	ere filed on 03/28/2005 and assigned
Florida document number L05000030618	
Horida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	ty 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)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	0R
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	Service Control of the Control of th
B. If amending the registered agent and/or registered office	as address as our records enter this name of the nor
B. It amending the registered agent and/or registered office and/or the new registered office address here:	ce address on our records, enter the name of the ne
registered agent and or the new registered office address here.	RANGE CONTRACTOR OF THE PARTY O
	S' •
Name of New Registered Agent:	
New Registered Office Address:	
13: 13 Augustus Stiles ( Issues)	Enter Florida street address
	Florida

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
MGMR	ERIC SAMI	7657 NW 50 ST MIAMI FL 33166	<b>.</b>
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Note: If the date inserted in this b	ilock does not	t meet the ap	plicable statu	itory filing req	uirements, this	date will not	be listed
ocument's effective date on the I	Jepartment of	t State's reco	ords.				
				:	17.01 -	tho	andias
e record specifies a delaye The 90th day after the re	a effective cord is filed	date, but d.	not an eff	ective time	, at 12:01 a	.m. on the	earner
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			$\mathbb{W}_{2}$	/			
			CX2		member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00