## LO7000085266

(Reques	stor's Name)	
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		<u>-</u>
(City/Sta	ate/Zip/Phone #	)
PICK-UP	WAIT	MAIL
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A. RIVERS NOV 2 9 2021



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## **COVER LETTER**

TO: Registration S Division of Co		•	
	OPERTIES, LLC.	•	
SUBJECT:	Name of Lim	ited Liability Company	<u> </u>
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Ethan Babb		
		Name of Person	
		Firm/Company	
	6195 Joseph Ct		
	<del></del>	Address	· · · · · · · · · · · · · · · · · · ·
	Melbounre, Florida 32940		
	ethanbabb1@gmail.com	City/State and Zip Code	
For further information	E-mail address: ( concerning this matter, please c	to be used for future annual report noti all:	fication)
ЕТНАМ ВАВВ		321 258-4101	
Name	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	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 Addre Registration Division of C P.O. Box 632	Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

Tallahassee. FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DADD TROTERIES, LLC.		
(Name of the Limited L (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)	
he Articles of Organization for this Limited Liabil	ity Company were filed on 08/20/2007	and assigned
forida document number L07000085266		•
his amendment is submitted to amend the followin	g:	
. If amending name, enter the new name of the	limited liability company here:	
HE BABB COMPANY, LLC.		
he 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	<i></i>	
Principal office address MUST BE A STREET A	DDRESS)	
		· · · · · ·
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	0	
	<del></del>	
3. If amending the registered agent and/or regist	tered office address on our records, enter the	name of the new registe
gent and/or the new registered office address he	<u>re</u> :	104 10
		176
Name of New Registered Agent:		14 A
New Registered Office Address:		OF STO
	Enter Florida street address	24 P.T.
_	, Florid	
	City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

DADD DDGDCDCCC LLC

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 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
<del></del>			□Add
			□Remove
			□Add
			□Remove
			□ Change
<del></del>		□ Add	
			□Remove
			□Change
			□Add
			□Remove
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			□Change
			□ Add
			□Remove
			□Change

Effective date, if other than the date of filing:    (optional)	•	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  e record 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 rd is filed.  Dated November 6, 2021.  Signature of a member or authorized representative of a member		
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