L08'000032240

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SECRETARY OF STATE
ALLAHASSEE FLORINA

T. HAMPTON

SEP - 9 2008

EXAMINER

COVER LETTER

Division of Co	rporations		
SUBJECT: Baby D	anny ALF, LLC		8
		nited Liability Company)	
The enclosed Articles of	`Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Efren Correa		
		(Name of Person)	
	Baby Danny Alf, LLC		
		(Firm/Company)	
	10840 NW 1 Lane		
		(Address)	-
	Miami FL 33172		
		(City/State and Zip Code)	
For further information of	concerning this matter, please c	all:	
Efren Correa	# \		
(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for t	he 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:

TO:

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

Baby Danny Alf, LLC				
(Name of the Limited L (A I	<mark>Liability Compa</mark> Florida Limited L	ny as it now appears on or liability Company)	ur records.)	
The Articles of Organization for this Limited Lia Florida document number L08000032240	bility Company	were filed on 3-31-08	and assig	gned
This amendment is submitted to amend the follow		92		
A. If amending name, enter the new name of t	ine ilmited tiab	ility company nere;		
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Company," th	e designation "LLC" or the ab	breviation
Enter new principal offices address, if applical	ble:	Efren Correa	SE SE	
(Principal office address MUST BE A STREET	'ADDRESS)	10840 NW 1 Lane	S Che	
		Miami FL 33172	HAS EP	<u>TI</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B.	<u>0X)</u>		PM 12: 48 Y OF STATE SEE, FLORIDA	ED
B. If amending the registered agent and/or registered agent and/or the new registered office.	registered of ce address here	fice address on our rec e:	cords, enter the name of	the new
Name of New Registered Agent:	Jacqueline Co	rrea		
New Registered Office Address:	10840 NW 1 L			
		(Enter Flo	orida street address)	
	Miami	(Cara)	_, Florida <u>33172</u>	
New Registered Agent's Signature, if changing Re		(City)	(Zip Code,)
Prew registered Agent's Signature, it changing ke	gisterea 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.

(If 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
MGRM_	Jacqueline Correa	10840 NW 1 Lane Miami FL 33172	Add Remove
			AddRemove
			Add Remove
	\ <u></u>		Add Remove
			Add Remove
			D amazza
D. If amend	ling any other information, enter	change(s) here: (Attach additional sheets, i	06 SI TA
_			-8 PM 12: RY OF STATE SSEE, FLORIC
Dated <u>09-05-</u>	08 ,		*************************************
		nember authorized representative of a member	г
	Efren Correa	Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00