## #10900001999

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SECNETANT OF STATE
TALL FIRSSEE, FLORIDA

K.SALY EXAMINER FEB -1 2013

## **COVER LETTER**

Division of	Corporations
SUBJECT:	BABALU CLUB LLC
	Name of Limited Liability Company
The enclosed Articles	s of Amendment and fee(s) are submitted for filing.
Please return all corre	espondence concerning this matter to the following:
	YOLIMA PARRA
	Name of Person
	Firm/Company
	17635 S.W. 20TH STREET
	Address
	MIRAMAR FL 33029
	City/State and Zip Code
	luixpar77@hotmail.com
	E-mail address: (to be used for future annual report notification)
For further informati	on concerning this matter, please call:
YOLIMA	PARRA 786 873-3900
Na	me of Person Area Code & Daytime Telephone Number

Enclosed is a check for 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 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

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INTAINSSE IS.)	00 STATE
<u>ls.</u> )	LOND.

## **BABALU CLUB LLC**

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A	Florida Limited Lia	ibility Company)	· · · · · · · · · · · · · · · · · · ·
The Articles of Organization for this Limited Li Florida document number L0900001999	ability Company v	vere filed on 01/07/200	9 and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liabil	ity company here:	
The new name must be distinguishable and end wit "L.L.C."	h the words "Limite	ed Liability Company," the de	signation "LLC" or the abbreviation
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:	•	2096 E. OSCEOLA	A PKWY
(Mailing address MAY BE A POST OFFICE	BOX)	KISSIMMEE FL 34	1743
B. If amending the registered agent and/ registered agent and/or the new registered of			ds, enter the name of the nev
Name of New Registered Agent:	YOLIMA P	ARRA	
New Registered Office Address:	176 S.W 2	OTH STREET	a street address
	MIRAMAR		
	IAIILAZIAIZIZ	City	Florida 33029  Zip Code
Now Desistand Agent's Signature if changing	Paristared Agent:		•

<u>New Registered Agent's Signature, if changing Registered Agent:</u>

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

		Type of Action
ORLANDO RINCON	14545 BICKY ROAD	Add
	ORLANDO FL 32824	Remove
MARIA LOPEZ	14545 BICKY ROAD	
	ORLANDO FL 32824	Remove
CAROLINA RINCON	14545 BICKY ROAD	Add
	ORLANDO FL 32824	Remove
YUSHI SAKAMOTO	14545 BICKY ROAD	
	ORLANDO FL 32824	<b>✓</b> Remove
YOLIMA PARRA	A 176 S.W. 20TH STREET Ad	Add
	MIRAMAR FL 33029	Remove
		Remove
	MARIA LOPEZ  CAROLINA RINCON  YUSHI SAKAMOTO	ORLANDO FL 32824  MARIA LOPEZ  14545 BICKY ROAD ORLANDO FL 32824  CAROLINA RINCON  14545 BICKY ROAD ORLANDO FL 32824  YUSHI SAKAMOTO  14545 BICKY ROAD ORLANDO FL 32824  YOLIMA PARRA  176 S.W. 20TH STREET

TI ALI	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ed _	Dec 20, 2012.
	Signature of a member or authorized representative of a member  OR (a,do R) (come  Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00