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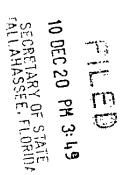
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(Address)					
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J. BRYAN

DEC 21 2010

EXAMINER

COVER LETTER

TO:	Registration Se Division of Cor				
SUBJE	CT:	BOLLY BAB	Y FIT LLC		
00202			ited Liability Company		
The end	closed Articles of	Amendment and fee(s) are su	bmitted for filing.		
Please i	return all correspo	ndence concerning this matte	r to the following:		
		SWA	TI YADAV		
			Name of Person		
		Bouy	BABY FIT LLC Firm/Company		
			Firm/Company		
		4098	NW 88th AVE #104		
			Address		
		Sune	SE FL 33351	DEC 2	
			City/State and Zip Code y 81@ hotmail. com	10 DEC 20 PH 3: 49 SECRETARY OF STATE FALL AHASSEE, FLORID	
		E-mail address:	to be used for future annual report notifica	tion)	
For further information concerning this matter, please call:					
	swati	YadaV	aı (954 ₎ 367 3544	<i>**</i>	
	Name o	l Person	Area Code & Daytime T	elephone Number	
Enclose	d is a check for th	ne following amount:			
\(\sqrt{\$25}\)	00 Filing Fec	\$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)	
	MAILI	NG ADDRESS:	STREET/COURIEF	R ADDRESS:	

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BOLLY BABY	FIT LLC y as it now appears on our records.) iability Company) 5
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $\frac{3/19/2010}{\text{and assigned}}$
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and end with the words "Limit" L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	4098 NW 88th Ave #104
(Principal office address MUST BE A STREET ADDRESS)	4098 NW 88th Ave #104 Surrise, FL 33351
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4098 NW 88th Ave #104 Sunrise, FL 33351
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code

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.

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:

<u> Title</u>	Managing Member Name	<u>Address</u>	Type of Action
			∏ Add
			Remove
			. 🗖 Add
			Remove
			Add
			Remove
			Add
	**************************************	*************************************	Add Remove
			
			AddRemove
D. If amen	nding any other information, enter chang	e(s) here: (Attach additional sheets, if necessar	 y.)
 .	PLEASE CHANGE AD MGRM, SWATI Y	DEESS FOR EXISTING	
_	MGRM, SWATI Y	ADAV to	10 D
	1/00/2 41 00/1/ 4	14 101/	F 14 DEC 20 RETARY AHASSI
_	4098 NW 89th A Sunrise FL 3335		ر را، م کی
	December 17 201		F STATE
Dated	December 11, doi	<u> </u>	1.00
	Signature of a member	or authorized representative of a member	
	SWATI		
		or printed name of signee	*****

Page 2 of 2

Filing Fee: \$25.00