L10000065399

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J. SAULSBERRY EXAMINER

APR 22 2011

COVER LETTER

	sion of Corporations				
SUBJECT:	BABY DOLL	INVESTMENTS LLC			
	Name of Lin	nited Liability Company			
The enclosed	Articles of Amendment and fee(s) are s	ubmitted for filing.			
Please return	all correspondence concerning this matt	er to the following:			
		CHERYL COLLIN			
		Name of Person			
	BABY	DOLL INVESTMENTS LLC			
		Firm/Company	_ 		
	303 CORDOVA RD		— ,		
		Address	SEC	2011	
	WEST PALM BEACH, FL 33401		AHA AFE	2011 APR 20	ना
		City/State and Zip Code	SSEE		
	F-mail address:	sscheryl72@yahoo.com (to be used for future annual report notification)	— 문 양양	PH	M
For further in	ormation concerning this matter, please		STATE: LORIDA	PM 12: 03	التوريز يسأ
	CHERYL COLLIN	at (561) 594-2826	,		
	Name of Person	Area Code & Daytime Telephone Num	nber	-	
Enclosed is a	check for the following amount:				
□\$25.00 Fil	Sing Fee \$\ \text{Certificate of Status}	(additional copy is enclosed) Certi	Filing Fer ficate of S fied Copy tional cop	tatus &	
	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	S:		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	IVESTMENTS LLC		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears on our records. ted Liability Company)	J	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L10000065399</u> .	pany were filed onJUNE 18, 20	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited</u>	<u>liability company here</u> :		
The new name must be distinguishable and end with the words "L.L.C." Enter new principal offices address, if applicable:	Limited Liability Company," the designation	on "LLC" or the abbreviation	
Principal office address MUST BE A STREET ADDRESS	2)		
Trincipal office address MOST BE A STREET ADDRESS		20	
Enter new mailing address, if applicable:	P.O. BOX 3031	APR 2	
(Mailing address MAY BE A POST OFFICE BOX)	PALM BEACH, FL 33480		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		PROTECTION OF THE NEW YORK THE NAME OF THE NEW YORK THE NAME OF THE NEW YORK THE NE	
Name of New Registered Agent:			
New Registered Office Address:		<u>.</u>	
	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM	I = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRN	CHRISTOPHER GRAEVE	303 CORDOVA RD. WEST PALM BEACH, FL 33401	Add Remove
MGRM	MARGARET SOUCY	303 CORDOVA RD. WEST PALM BEACH, FL 33401	Add Remove
			Add Remove
			Add Remove
<u> </u>	<u></u>		Add Remove
			Add Remove
D. If an	CAPITAL CONTRIBUTION OF \$ 4	STS AT THIS TIME.	FILE SECRETARING
Dated _	Chly Consideration of the Constant of the Cons	er or authorized representative of a member COLLIN ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00