Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)962-3889

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## LLC AMND/RESTATE/CORRECT OR M/MGRESIGN BUBBABAR LLC

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Corporate Filing Menu

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**EXAMINER** 

٠,	COVER LETTER		
	legistration Section		
SUBJEC	BUBBABAR LLC		
	(Name of Limited Liability Company)		
The encio	sed Articles of Amendment and fee(s) are submitted for filing.		
Please ret	arn all correspondence concerning this matter to the following:		
	Tony Burroughs		
	(Name of Person)	<b>⋝</b> ∠. ⊶	
	Legalzoom.com, inc.		1,500.00
	(Firm/Company)		13 (33344)
	7083 Hollywood Blvd., Suite 180 (Address)	29 F	
	(Audiess)	PH 12:	
	Los Angeles, CA 90028	2 2 3	(,)
	(City/State and Zip Code)	は対し	
Por furthe	r information concerning this matter, please call:		
Tony B	urroughs at (323 ) 962-8600		
	(Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed	s a check for the following amount:		
<b>\$25.0</b> 0	Filing Fee \$\ \bigcup \\$30.00 \text{ Filing Fee & Certificate of Status} \bigcup \\$55.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)} \bigcup \\$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \bigcup \\$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \end{align*}		

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

FILED

10 JUL 29 PM I2: 37

SECRETARY OF STATE
TALLAHASSEE. FLORED

and assigned

BUBBABAR LLC

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

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/19/2010

This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:					
registered agent and/or the new registered off	ke address here:				
Name of New Registered Agent:					
New Registered Office Address:	(Enter Florida street address)				

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

Florida document number <u>L10000075861</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.

(City)

(If Changing Registered Agent, Signature of New Registered Agent)

Florida

(Zip Code)

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:

<del></del>			Add Romove
			Add Remove
			Add Remove
·· <del>·</del>			Add Remove
<del></del>			Add Remove
	***************************************		Add Remove
	•	e(s) here: (Attach additional sheets, if necessary.) e mailing address of the LLC shall be:	- -
	49 N OCEONSHORE BLVD. PAL ticle V. The street address of the r	M COAST, FL 32137 managing member Jean P. Polnard shall be:	<u>-</u> <u>-</u>
<u>59</u>	49 N OCEONSHORE BLVD. PAL	M COAST, FL 32137	<b></b>
ed			*

Page 2 of 2

Filing Fee: \$25.00