Division of Corporations **Electronic Filing Cover Sheet** 

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(((H13000252838 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NEW START BUSINESS SOLUTIONS

Account Number : I20130000079 Phone : (305)804-1047 Fax Number : (866)767-7835

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\* Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BABY MARATHON, LLC.

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K. SALY

NOV 21 2013

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November 19, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BABY MARATHON, LLC. 1490 W SR 84

FT. LAUDERDALE, FL 33315US

SUBJECT: BABY MARATHON, LLC.

REF: L10000129978

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Due to transmission problems, your faxed document or coversheet is illegible or incomplete. Please refax the document and cover sheet to this office for processing.

We only received the cover letter and the reject letter.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II FAX Aud. #: H13000252838 Letter Number: 513A00026685

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICLES	Jr OKGANICA II	LON	<i>&gt;</i> .
	OF		10 July 10 10 10 10 10 10 10 10 10 10 10 10 10
BABY MARATHON, LLC.			Service Services
(Name of the Limited Liability C	ompany as it now appea	rs on our records.)	- 1000 C
(A Florida Lin	mited Liability Company)		
The Articles of Organization for this Limited Liability Cor	mnany were filed on 12	/21/2010	and assigned up
Florida document number L10000129978			- '0
Florida document number 110000120010	,		9
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company he	<u>re</u> :	
·			
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Comp	any," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:	<del></del>		
(Principal office address MUST BE A STREET ADDRE	<u> </u>		<u></u>
		·	
	·		
Enter new mailing address, if applicable:			· .
		<del></del>	
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
B. If amending the registered agent and/or register	red office address on	our records, <u>ente</u>	the name of the new
registered agent and/or the new registered office addre	as here:		
•			
Name of New Registered Agent:	<u> </u>		<del></del>
N. B. J. 1000-11			
New Registered Office Address:		nter Florida street a	ddress
	,		
		, Florida	7. 0.1
	Ctty		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

MGR = Manager

"H13000252838 3)))

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:

MGRM = Managing Member <u>Title</u> Address <u>Name</u> 1490 W SR 84 **ALEJANDRO VEGA** MGR FT. LAUDERDALE, FL 33315 Remove

$\stackrel{\cdot}{\smile}$	$\overline{}$	(((H13000252838 3)))
D. If amending any other information, enter change(s) here: (Attach additional	al sheets,	if necessary.)
		<u> </u>
Dated NOVEMBER 13 , 2013		
- $/m$ .		
Signature of a member of authorized representative o	fa memb	per
BARBARA C. SALAS		
Typed or printed name of signee		

Page 3 of 3
Filing Fee: \$25.00