Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PAUL A. KRASKER, P.A.

Account Number : I20090000078

Phone : (561)515-2930

Fax Number

: (561)515-2939

Enter the email address for this business entity to be used for further annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BADGE BUDDIES, LLC

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Corporate Filing Menu

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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

Badge Buddies, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Paul A. Krasker

Name of Person

The Law Office of Paul A. Krasker, P.A.

Firm/Company

501 S. Flagler Drive, Suite 201

Address

West Palm Beach, FL 33401

City/State and Zip Code

pkrasker@kraskerlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul A. Krasker

_w561,**515-2920**

Name 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

Castified 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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Badge Buddies, LLC					
(Name of the Limite (d Liability Compa A Florida Limited I	ny as it now appears on ou lability Company)	r records.)		
The Articles of Organization for this Limited I Florida document number L11000026920	Liability Company	were filed on March 3,	2011	and assign	ied
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited liab	ility company here:			
The new name must be distinguishable and end w	ith the words 'T imi	ted Lishility Company " the	designation "I I C"	or the abb	reviatio
"L.L.C."	III MU NOIGE DIM	onipany, and	actibation and	12 55 13 65	<u>ئة</u>
Enter new principal offices address, if applicable:		16346 Mariposa C	ircle		70-
		North Fort Lauderd	ale, FL 33331	Tinversi CP 3	<i>\</i> 23
		<u> </u>		2017 2017	- ω
				温力	T.
Enter new mailing address, if applicable:		16346 Mariposa C	ircle		3 3
Mailing address MAY BE A POST OFFICE	E BOX)	North Fort Lauderd	lale, FL 33331	15 m	-1
					
B. If amending the registered agent and registered agent and/or the new registered of		<u>ė</u> :	ords, <u>enter the n</u>	ame_of (the ne
Name of New Registered Agent:					
Name of New Registered Agent:	501 S Flac	der Drive Suite 201			
Name of New Registered Agent: New Registered Office Address:	501 S. Flag	gler Drive, Suite 201 Enter Flor	ida street address		
	501 S. Flag West Palm	Enter Flor			
		Enter Flor	Florida 33401	p Code	

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If Changing Registered Agent, Signature of New Registered Agent

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 penfirm that the limited liability

company has been notified in writing of this change.

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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

<u>Title</u>	Name	Address T	pe of Action
MGR	John J. Brock	16346 Mariposa Circle	Add
		North Fort Lauderdale, FL 33331	Remove
MGRM	Santiago J. Galarraga	8405 NWA 53rd Street	Add
•		Suite B-203	Remove
		Doral, FL 33166	
			Add Zallamove 23 M
		RE CONTROL OF THE CON	
	·	· .	Add Remove
			Add Remove

	H13000188277 3		
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		•	
Dated August 21 2013			
John J. Brock Typed or printed name of signee	 .		
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Filing Fee: \$25.00	SECAL MAY OF STATE	到13 AUG 23 AM 89 17	dayada grasid grasid