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SECRETARY OF STATE
WHASSEE, FLORID

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COVER LETTER

	istration Sec			
SUBJECT:	Baby Bugz I	Boutique LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Lisandra Benet		
			Name of Person	
		Baby Bugz Boutique LLC		
			Firm/Company	
		638 nw 57th ct		
			Address	
		miami fl 33126		
			City/State and Zip Code	
		Lisigirl13@gmail.com	to be used for future annual report notifi	
For further in	nformation co	oncerning this matter, please co	·	Canony
Lisandra Ber			305 2810568	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	e following amount:		
□ \$25.00 F	iling Fee	■ \$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

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**

Baby Bugz Boutique LLC		
(A Florida Lim	ompany as it now appears on our related Liability Company)	ecoros.)
The Articles of Organization for this Limited Liability Complorida document number L11000092841	pany were filed on April 30, 201	7 and assigned
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited	liability company here:	
Ooak Kid LLC		
he new name must be distinguishable and contain the words "Limited l	Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registere egistered agent and/or the new registered office address		ords, enter the name of the
Name of New Registered Agent:	10-11-11-11-11-11-11-11-11-11-11-11-11-1	
New Registered Office Address:		
How Registered Office Fledress.	Enter Florida street a	ddress
		, Florida
	City	_, Florida Zip Code
ew Registered Agent's Signature, if changing Registered Ag	gent:	
		- 0 1

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 605, 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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added or removed from our records:

MGR = M AMBR = A	lanager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			□ Change
			Add
			□ Remove
			☐ Change
			□ Add
			Remove
			☐ Change
			□ Add
			□ Remove

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