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## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: BABY LIBERT	Librility Company
The enclosed Articles of Amendment and fee(s) are submit	ted for filing.
Please return all correspondence concerning this matter to	the following:
Deanna	Kossi
	LIBERTY LLC
	AMPTAN Woods Blue
Sehring, FLORI	0A 33872
PHREHU E-mail address: (to b	POVICHE YARD, COM  be used for future annual report notification)
For further information concerning this matter, please call:	· ·
PETER HREHORDVICH  Name of Person	at (863) 386-0313
	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	These on cities to a Committee Commi
\$25.00 Filing Fee Solution Silver Sil	□ \$55.00 Filing Fee & □ \$60.00; 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	STREET/COURIER ADDRESS: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Liability Company as it now appears on our records.)
Florida Lamied Liability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number 4/1000 /a 4/332 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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 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.

11 Changing Registered Agent, Signature of New Registered Agent

If amendir	ng Authorized Person(s) autho d from our records:	orized to manage, <u>enter the title, name, and</u>	address of each person being added
MGR = 1	· · · · · · · · · · · · · · · · · · ·		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if neces	ssary.)		
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E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after to Note:  If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	filing.) Pursuan	t to 605 be list	5,0207 (3)(t ed as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a (b) The 90th day after the record is filed.	m. on the	earli	er of:
Dated March 12 2017			
Signature of a member or authorized epresentative of a member			
Deanna Rossi  Typed or printed make of signee		:	

Page 3 of 3

Filing Fee: \$25.00