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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Division of C	Section orporations				
SUBJECT:	UBJECT: Safebaby R Us, LLC				
	Name of Lim	ited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are su	omitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
		Nishad Khan, Esq.			
		Name of Person			
	Nishad Khan, P.L.				
	Firm/Company				
	9	907 Outer Road, Ste B			
		Address			
Orlando, FL 32814					
		City/State and Zip Code			
	quenia@nishadkhanlaw.com E-mail address: (to be used for future annual report notification)				
For further information	concerning this matter, please of	•	,		
	had Khan, Esq.		8-9711		
Name	of Person	Arca Code & Daytime Te	lephone Number		
Enclosed is a check for	the following amount:				
✓ \$25.00 Filing 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)		
	LING ADDRESS: tration Section	STREET/COURIER Registration Section	ADDRESS:		

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

FILED

OF

Safebaby R Us, LLC

SECRETARY OF STATE

(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 L	iability Company were filed on	11/2/2011	and assigned		
Florida document numberL11000125	5099				
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	f the limited liability company her	<u>re</u> :			
The new name must be distinguishable and end wit "L.L.C."	th the words "Limited Liability Compa	nny," the designation "L	LC" or the abbreviation		
Enter new principal offices address, if applic	able:				
(Principal office address MUST BE A STREE	T ADDRESS)				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>				
B. If amending the registered agent and/oregistered agent and/or the new registered of	or registered office address on o				
Name of New Registered Agent:					
New Registered Office Address:					
	Eni	Enter Florida street address			
		, Florida			
	City		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

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 Title Name Address Type of Action MGRM Milind Dange 2616 Northampton Ave ✓ Add Orlando, FL 32828 Remove ☐ Add Remove _ ☐ Remove Remove Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or surhorized representative of a member Nishad Khan, Esq. Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00