L1700000158

(Red	questor's Name)	
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(City	y/State/Zip/Phone	e #)
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COVER LETTER

TO:	Registration Sec Division of Corp			
2110112	Babs	Investments I	, LLC	
30000			ned Liability Company	
The en	closed Articles of A	mendment and fec(s) are sub	mitted for filing.	
Please	eturn all correspon	dence concerning this matter	to the following:	
		Peter S. Sid	el, Esq.	
			Name of Person	
			Firm/Company	
		13900 Le Ha	avre Drive	
			Address	
		Palm Beach	Gardens, FL 3	3410
		pssidel	City/State and Zip Code QMAIL COM o be used for future annual report notif	
		•		ication)
For furt	her information cor	ncerning this matter, please ca	ill:	
	teter	SSidel	at (617) 784	7233
	Name of f	erson	Area Code Daytime	Telephone Number
Enclose	d 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)

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

Babs Investments I, LLC	
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L1300000158</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and end with the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	13900 Le Havre Drive
(Principal office address MUST BE A STREET ADDRESS)	Palm Beach Gardens, FL 33410
Enter new mailing address, if applicable:	same as above
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	ice address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address

New Registered Agent's Signature, if changing Registered Agent:

New Registered Agent's Signature, it 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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records: MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> <u>Address</u> Type of Action _□ Add __ Remove __ 🗆 Remove _D Add □ Remove _ Remove Remove _🗀 Add ☐ Remove

_	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
_	
(The effe	ve date, if other than the date of filing:
Dated	June 19, 2014
	Borbara & Sidel & Pale S Statel
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00

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