# L14000014881

(Requ	estor's Name)	
(Addre	ess)	
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(City/S	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Nai	me)
(Docu	ment Number)	)
Certified Copies	Certificate	s of Status
Special Instructions to Fill	ng Officer:	

Office Use Only



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### **COVER LETTER**

TO: Registration Secti Division of Corpo			
subject: The	Organic Baby Name of Limit	ted Liability Company	
The enclosed Articles of An	nendment and fee(s) are subn	nitted for filing.	
Please return all correspond	ence concerning this matter t	o the following:	
	Matthe	W Gasoin Name of Person	
	The Dr	Ganil Buby LL	
	<u>4603 C</u>	adiz Civ Address	
	Palm Beach	Gurulens FL City/State and Zip Code	33418
	E-mail address: (to	be used for future annual report notific	mga-pin@ymail.com
For further information con-	cerning this matter, please ca	II:	
M a thew Name of P	Gaspin erson	at (516) 318 - Area Code Daytime	6018 Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	330.00 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

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

$MGR = M$ $AMBR = \dot{A}$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Organic Baby Ll	L C	
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	v as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company version of the Lindson of the Liability Company version of the Limited Liability Company version of the		14 and assigned
The new name must be distinguishable and end with the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4603 Cadiz Ci	r
(Principal office address MUST BE A STREET ADDRESS)	Pulm Beach Garden	J, FL 33418
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	4603 Cadiz ( Palm Beach Garden	ir 15, FL 33418
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		the name of the new
Name of New Registered Agent:		ATES
		So was
New Registered Office Address:	Enter Florida street address	
	, Florida	C) = Colomb
	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 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 Agent

Mother Sag		4° P
effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after late this document is filed by the Florida Department of State)  ad		43 BN
fective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the this document is filed by the Florida Department of State)  1. **Selection**  **Coly**  **ModMark**  **M		
Modern Meetive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ate this document is filed by the Florida Department of State)  d		49
Mother Sag		
Signature of a member or authorized representative of a member	8/110 August 10, 2014.	
Signature of a member or authorized representative of a member	Mother San	
Signature of a monitor of the monitoring of the	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00

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