

L14000117999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

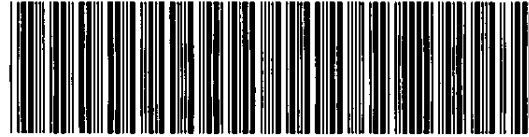
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Baby's Close-Up, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Safia Shirley
Name of Person

Baby's Close-Up, LLC
Firm/Company

12099 Brightmore Way
Address

Jacksonville, FL 32246
City/State and Zip Code

safiasellsjax@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Safia Shirley at (904) 386-0788
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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's Close Up LLC

(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 Liability Company were filed on 7/28/14 and assigned Florida document number L14000127999

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Baby's Close-Up, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

12099 Brightmore Way
Jacksonville, FL 32246

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:

Safia Shirley

New Registered Office Address:

12099 Brightmore Way

Enter Florida street address

Jacksonville

, Florida

32246

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.

Safia Shirley

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>	<u>Type of Action</u>
<u>Mr.</u>	<u>Shahid Al, Wahid</u>	<u>12634 Swinton Ct</u>	<input type="checkbox"/> Add
		<u>Jacksonville, FL 32246</u>	<input checked="" type="checkbox"/> Remove
		<u>(904) 386 - 0750</u>	
<u>Mrs.</u>	<u>Angie E. Wahid</u>	<u>12634 Swinton Ct.</u>	<input type="checkbox"/> Add
		<u>Jacksonville, FL 32246</u>	<input checked="" type="checkbox"/> Remove
		<u>(904) 868 - 4212</u>	
<u>Mrs.</u>	<u>Safia W. Shirley</u>	<u>12099 Brightmore way</u>	<input type="checkbox"/> Add
		<u>Jacksonville, FL 32246</u>	<input type="checkbox"/> Remove
		<u>(904) 386 - 0788</u>	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

EIN# - 47-1441783

Purpose - Perform elective non-diagnostic
3D/4D ultrasounds on pregnant women

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated August 01, 2014.

Safia Wahidi Shirley

Signature of a member or authorized representative of a member

Safia Wahidi Shirley

Typed or printed name of signee