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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: <u>Green Baby Oasis</u> , <u>UC</u> 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:
Rachael Hurley Name of Person
Green Boby Dasis, LLC
320 NE 7 th St.
Cape Coral, FL 33909 City/State and Zip Code
E-mail address: (to the used for future funual report notification)
For further information concerning this matter, please call:
Rachael Hurley at (443) 800 8442 Name of Person at (443) Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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

Green	Baby Dasis, L	ilC
(<u>Name of the Limite</u> (d Liability Company as it now appears on A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Lia Florida document number <u>L150000290</u>		UNIT 10 12115 and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of Coastal Cuties Bo The new name must be distinguishable and contain the wo	Julique, LLC	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica (Principal office address MUST BE A STREET	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u></u>	
B. If amending the registered agent and/o registered agent and/or the new registered off	or registered office address on ou ice address here:	r records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	treet address
	City	, Florida Zin Code
	Cuy	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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member				
<u>Title</u>	Name	Address	Type of Action	
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D. II dille	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Note:	ve date, if other than the date of filing: ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
If the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	Poril 27 , 2010 . Randy Washington or authorized representative of a member
	Rachael Hurley Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00