116000003067

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COVER LETTER

	sion of Cor			
SUBJECT:		Baba Holdings, LLC		
SOBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return a	all correspo	ondence concerning this matter	to the following:	
		Naveen Vent	katachalam Name of Person	
		Baba Holding	s LLC Firm/Company	At the 19 blands of the Sale Alberta Series Series Series Series
		948 S Wickh	am Rd Ste 101	
			Address	
		W Melbourn	ie, FL 32904	
			City/State and Zip Code	
		naveen@sus		
			to be used for future annual report noti	fication)
For further int	formation c	concerning this matter, please en	all:	
Naveen	Venkatach	alam	at (321) 574-5245	
	Name c	of Person		e Telephone Number
Enclosed is a	check for t	he following amount:		
⊠ \$25.00 Fi	ling 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)
	Registi	ING ADDRESS: ration Section on of Corporations	STREET/COURI Registration Section Division of Corpor	on
	P.O. B	ox 6327 assee, FL 32314	Clifton Building 2661 Executive Ce	

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Baba Holdings LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number L16000003067	mpany were filed on January 5 2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		7.13
(Principal office address MUST BE A STREET ADDRE	SSS)	07
		<u> </u>
Enter new mailing address, if applicable:		그 마구
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<u> </u>
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Geetha Priyanka	948 S Wickham Rd Ste 101	
		W Melbourne FL 32904	☐ Remove
			☐ Change
			□ Add
			Remove 7
			
			Change Addo Remoye
			□ Remove
		<u> </u>	Change
			∩ Add
			□ Remove
			☐ Change
			□ Add
			Remove
			☐ Change
			□ Add
			Remove
			Change

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Sective date, if other than the date of filing:	(optional)
n effective date is listed, the date must be specific and cannot be prior to date of filing vie: If the date inserted in this block does not meet the applicable statutory	g or more than 90 days after filing.) Pursuant to 605.03 filing requirements, this date will not be listed
cument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effecti The 90th day after the record is filed.	ive time, at 12:01 a.m. on the earlier
The 90th day after the record is med.	
ted 8/5/16	
led	
Signature of prehiber or authorized represent	tative of a mamber

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00