Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000110415 3)))



H160001104153ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From;

Account Name : CORP USA

Account Number : 072450003255

Phone

: (305)634-3694

Fax Number

: (305)633-9696

\*\*Enter the email address for this business entity to be used for furure annual report mailings. Enter only one email address please. \*\*

| Email Address: |  |
|----------------|--|
|----------------|--|

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BABALLON LLC**

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$25.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

5/3/2016

https://efile.sunbiz.org/scripts/efilcovr.exe

CORPUSA

3026339696

02/03/50Je Jd:40

H160001100A12

## $\otimes$

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| BABALLOR  | + LLC   |                     |
|---|---|---------------------|
| (Name of the Limited Liability Comp. (A Floridu Limited   | any as it now appears on our records.) Liability Company) |                     |
| The Articles of Organization for this Limited Liability Company Florida document number <u>LIBODOO 77700</u> .  | were filed on 4-20-16                                     | and assigned        |
| This amendment is submitted to amend the following:   |   |                     |
| A. If amending name, enter the new name of the limited liab  BABALLOON  The new name must be distinguishable and contain the words "Limited Liabi   | LIC   | breviation "L.L.C." |
| Enter new principal offices address, if applicable:   |   |                     |
| (Principal office address MUST BE A STREET ADDRESS)   |   | -10.                |
| Enter new mailing address, if applicable:  (Malling address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her |   | the name of the new |
| Name of New Registered Agent:   | _   |                     |
|   |   |                     |
| New Registered Office Address:  | Enter Florida street address                              |                     |
|   | . Florida   |                     |
|   | Cipi  | Zip Cude            |
| New Registered Agent's Signature, if changing Registered Agents   |   |                     |

New Registered Agent's Signature, if changing Registered Agenti

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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member Title. <u>Name</u> Address Type of Action \_D Add \_D Remove □ Change □ Add \_□ Remove Change □ Add □ Remove C Change ☐ Add \_□ Romove ☐ Change D Add =n \_□ Remove: A Di Change S Si Di Add  $\alpha$ Removen

Page 2 of 3

MGR = Manager

Change

| ii amendinį                           | ; any other information, enter change(s) here: (Attach add  | iutonai sneets, ij necessary.)                  |                        |
|---------------------------------------|---|---|------------------------|
|                                       |   |   |                        |
|                                       |   |   | ,                      |
| <del> </del>                          |   |   |                        |
|                                       |   |   | •                      |
|                                       |   |   |                        |
|                                       |   |   | -                      |
|                                       |   |   | •                      |
|                                       |   |   | -                      |
|                                       |   |   |                        |
|                                       |   |   | -                      |
|                                       |   |   | -                      |
|                                       |   |   | -                      |
|                                       |   |   |                        |
|                                       |   |   | -                      |
|                                       |   |   | -                      |
| Note: If the locument's deep record : | the, if other than the date of filing: date is ilsted, the date must be specific and cannot be prior to date of filing in date inserted in this block does not meet the applicable statutory for affective date on the Department of State's records.  Specifies a delayed effective date, but not an effective day after the record is filled. | filing requirements, this date will not be list | odi es bot             |
| ated                                  | 5-2. 2016.  | _   |                        |
|                                       | Market  |   | <del>1</del> 6 ₹       |
| _                                     | Signature of a member or authorized represents  |   | <u>7€</u><br>335<br>−4 |
|                                       | MARAJ TOLLOS GUA  | CAUCH   | ယ်<br>— "              |
|                                       | Typed or printed name of signe  | الغيب المعي                                     | 8 HA                   |
|                                       | Page 3 of 3   | ORME  | ය.<br>ස                |
|                                       | Filing Fee: \$25.00   | DE<br>A   | Ji                     |