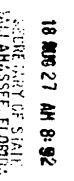
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
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08/27/18--01022--022 \*\*60,00



# **COVER LETTER**

TO: Registration So Division of Cor					
SUBJECT:	Babes Bi Name of Lim	Sutique UC ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Clive	A LatVas Name of Person			
		Firm/Company	10		
	20298 C	NKWW SHEVO Address	s Blud		
	olilat	City/State and Zip Code  Vals Chatmall. Coto be used for future annual report notified.	em	18 MIG 2	er de la companya de
For further information of	concerning this matter, please co	·		SEE. OF	
Dliv(a_ Name o	Latras of Person	at (786) 712 Area Code Daytime	- 1262 e Telephone Number	STAIL FLORIDA	
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee	☑ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
14.11	INIC ADDIDUCC.	controve anti-	PR ADDRESS		

### 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**

Rabel Both Gele LLC  (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
he Articles of Organization for this Limited Liability Company were filed on Obj13/16 and assigned orida document number <u>L16000114287</u> .	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company here:  Wander Jush Boutt Gue LUC  ne new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the above interest."	
nter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)	:
nter new mailing address, if applicable:  **Aailing address MAY BE A POST OFFICE BOX)**	•
. If amending the registered agent and/or registered office address on our records, enter the name of the negistered agent and/or the new registered office address here:	<u>ew</u>
Name of New Registered Agent:	
New Registered Office Address:  Enter Florida street address	
Florida  City Zip Code	
ew Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with th	e

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

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						35		•
Effective date, if (If an effective date is Note: If the date document's effect	s listed, the date mu inserted in this b	ist be specific and lock does not n	d cannot be prior neet the applica		(op more than 90 days a ling requirements,			
the record spec The 90th day				an effective	e time, at 12:0	1 a.m. on the	earli	er of:
Dated				·				
		Signature of a	member or autho	rized representati	ve of a member			

Page 3 of 3

Filing Fee: \$25.00