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DIVISION OF COLUMN CHARLONS

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## **COVER LETTER**

' Division of Corporations	
SUBJECT: BADOU'S Fire Props Int, 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:	
Robert HAS Name of Person	
Firm/Company	
P.O. Box 3494  Address	
Riverview, FL 33568 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Robert HARS at (941) 718 - 3947  Name of Person at (941) Area Code Daytime Telephone Number	
S25.00 Filing Fee	
SUBJECT: BABOU'S Fire Props Total, 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:    Please return all correspondence concerning this matter to the following:    Please return all correspondence concerning this matter to the following:    Please return all correspondence concerning this matter of Person   Firm/Company   P.O. Box 3494	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BABOU'S FIRE Drops INTL, LLC

( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears ( ability Company)	on our records.)		
The Articles of Organization for this Limited Liability Company v	were filed on	7-3-2017	and assigne	ed
Florida document number <u>\$2-1105936</u> .			D/1	
This amendment is submitted to amend the following:			17 JUL 27 AH 10 DIVISION OF COINES	7
A. If amending name, enter the new name of the limited liabil	ity company here	2:	, CC	m
BADOU'S FANCY FOODS, LL			E Sound	Ö
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the desi	ignation "LLC" or the ab	breviation "L.E.C."	
Enter new principal offices address, if applicable:			<u> </u>	<del></del>
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here.  Name of New Registered Agent:		ew FL 3	the name of	the new
New Registered Office Address:	Enter Florid	a street address	-	
		, Florida		
	City	, riorida	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pa being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	verformance of m rovided for in Ch	ny duties, and I am f capter 605, F.S. Or,	amiliar with a if this docume	nd

If Changing Registered Agent, Signature of New Registered Agent

	rom our records:	manage, enter the title, name, an	d address of each person being added
MGR = Ma	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
			Change
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		<del>.</del>	□ Remove
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ote: 1	e date, if other than the date of filing: 7-24-17 (optional) tive 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 605.0 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at's effective date on the Department of State's records.	)207 (1 l as th
	rd specifies a delayed effective date, but not an effective time, at $12\!:\!01$ a.m. on the earlier 0th day after the record is filed.	of:
ated _	July 24th, 2017.	
	Signature of a member or authorized representative of a member	
	Kobert HAAS	

Page 3 of 3

Filing Fee: \$25.00