

U7000078328

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

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04/24/17--01023--003 \*\*25.00

APR 25 2017  
S. YOUNG

17 APR 24 PM 4:00  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

FILING CANCELLED  
RETURNED CHECK

## COVER LETTER

TO: Registration Section  
Division of Corporations

FILING CANCELLED  
RETURNED CHECK

SUBJECT: SKipper 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:

Kathleen Vazquez

Name of Person

Firm/Company

9745 Mountain Lake dr

Address

Orlando, FL 32832

City/State and Zip Code

Kathyv1990@icloud.com / parampatelp3@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathleen Vazquez

Name of Person

at (407) 580-2311

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing 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)

### 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

FILED  
STATE  
SECRETARY  
TALLAHASSEE, FLORIDA  
17 APR 2014 PM 4:00

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**FILING CANCELLED  
RETURNED CHECK**

Skipper LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on April 07, 2017 and assigned Florida document number L27000078328.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

BabySkippers LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

FILED STATE  
SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA  
47 APR 24 PM 4:00

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

Florida

*City*

*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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Param Patel	380 Mountain Road	<input checked="" type="checkbox"/> Add
		Basking Ridge, NJ 07920	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Kathleen Vazquez	9745 Mountain Lake dr	<input type="checkbox"/> Add
		Orlando, FL 32832	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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FILED  
STATE  
SECRETARY OF  
TALLAHASSEE, FLORIDA  
APR 24 PM 3:00

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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FILED STATE  
SECRETARY OF EL PASO  
COUNTY  
17 APR 24 PM 5:30

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective 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 65.0207

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated April 14, 2017.

Kathy Vazquez

Signature of a member or authorized representative of a member

Kathleen Vazquez

Typed or printed name of signee