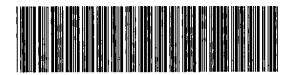
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(Req	uestor's Name)	
(Add	ress) _	
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(City	/State/Zip/Phone	· e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



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APR 2 5 2017 S. YOUNG



FILING CANCELLED RETURNED CHECK

COVER LETTER

TO:

Registration Section
Division of Corporations

FILING CANCELLED RETURNED CHECK

Division of Corporations	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 Vazzuez Name of Person				
Firm/Company				
9745 Mountain Lake	-dr			
Orlando 1FL 32832 City/State and Zip Code	THE PROPERTY OF THE PARTY OF TH			
City/State and Zip Code Kathyv 1990 Ci Cloud. com E-mail address: (to be used for future annual repr	param pate 1 p 3 c grani Goran or notification)			
For further information concerning this matter, please call:	ort notification)			
Name of Person at (407) S9	30-2311 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

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

FILING CANCELLED RETURNED CHECK

(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 L2700078328.
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here: Baby Kipperi 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)
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

FILING CANCELLED RETURNED CHECK

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Param Patel	380 Mountain Road	DXAdd
		Basking Ridge , NJ 07	<u> </u>
			☐ Change
AMBR	Kathreen Varguez	9745 Mountain Lake dr	
		Driando, FL 32832	□ Remove
		<u> </u>	Change
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n effective date ote: If the date	if other than the consistency is listed, the date must be inserted in this bloctive date on the De	be specific and ock does not m	cannot be prior seet the applic	r to date of filing cable statutory	or more than 90 filing requirem	(optional) days after filing.) ents, this date w	Pursuant to 685.0
	cifies a delayed ay after the reco		ate, but no	ot an effectiv	ve time, at	12:01 a.m. o	n the earlie
ted April	14 Kathy	,	2017	 ·			
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Page 3 of 3

Filing Fee: \$25.00