

L17000169638

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H22000028506 3)))



H220000285063ABCZ

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 : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
OUS BABY LLC**

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

JAN 20 2022

2022 JAN 24 AM 10:31

ELECTRONIC FILING MENU

Electronic Filing Menu

Corporate Filing Menu

Help

2022 JAN 24 AM 9:50
SECRETARY OF STATE
ELECTRONIC FILING

FILED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OUS BABY 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 08/09/2017 and assigned
Florida document number L17000169638

This amendment is submitted to amend the following:

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

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:

5767 SW 8TH STREET

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL. 33144

Enter new mailing address, if applicable:

5767 SW 8TH STREET

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL. 33144

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

City

Florida

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

2022 JAN 24 AM 9:50
SECRETARY OF STATE
FILED

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR-CE	ALEJANDRO CRUZ SOLIS	51 E 60TH STREET	<input type="checkbox"/> Add
		HALEAH, FL 33013	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR-CE	DANIEL SUAREZ ROCA	950 SW 57TH AVE, APT. 344	<input checked="" type="checkbox"/> Add
		WEST MIAMI, FL 33144	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRETARY OF STATE
HALL OF RECORDS
3000 N. MIAMI AVE.
SUITE 1000
MIAMI, FL 33137

2022 JAN 24 AM 9:50

FILED

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

SECRETARY OF STATE
RECEIVED

2022 JAN 24 AM 9:50

FILED


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 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 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 JANUARY 20TH

2022



Signature of a member or authorized representative of a member

DAYRON SUAREZ BRITO

Typed or printed name of signee