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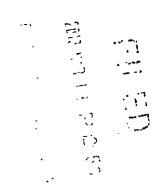
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## COVER LETTER

Division of Corp	orations			
MY BABY 1 UBJECT:	TEETHERS, LLC			
	Name of Lim	ited Liability Company	•	
	mendment and fee(s) are sub-	-		
lease return all correspon	dence concerning this matter	to the following:		
	Brittany Alexander			
		Name of Person	· ····	
	My Baby Teethers, LLC			
	- · · · · · · · · · · · · · · · · · · ·	Firm/Company		
	6151 Palm Trace Landings	s Dr Unit 115		
		Address		
		Addiess		
	Davie, Florida 33314	<u> </u>		
	alxndrbrtt@yahoo.com	City/State and Zip Code		·
	<del>-</del> -	to be used for future annual rep	ort notification)	
or further information co.	ncerning this matter, please ca			:
Brittany Alexander		407 242-7 at ( )	675	- ,
Name of Person Area Code Daytime Telephone Number				
				• - `
nclosed 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 enclose	ed) Certified	te of Status &

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

MY BABY TEETHERS, 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 September 25, 2017 and assigned Florida document number L17000198575 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: B ALEXANDER LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 \_

## 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.

City

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

Title	Name	Address	Type of Action
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			☐ Remove
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00