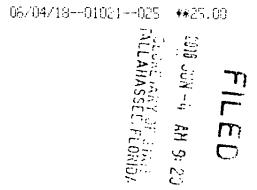
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Office Use Only



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## **COVER LETTER**

Division of Corporations
SUBJECT: The Robinson Family LLC Name of Limited Liability Company
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:
Scan Robinson Name of Person
Name of Person
The Robinson family LLC
22006 Surryside LN
Ponnoma City Beach, FL, 32413
Ponama City Beach, FL, 32413  City/State and Zip Code  RubinSean De Garan, Com  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sc-n Robinson at (336) 284-5458  Name of Person Area Code Daytime Telephone Number
Name of Person  Area Code  Daytime Telephone Number  234
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution S25.00 Filing Fee S25

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company we Florida document number <u>L18000119760</u> .	ere filed on May 24,2018 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	ty company here:	
The Robinson Baby Company 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)		<del>-</del>
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	ce address on our records, enter the name of the	e nev
Name of New Registered Agent:		7;
New Registered Office Address:	20 to	<u> </u>
	Enter Florida street address Florida City  Zip Code	T)
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code	_ '
I hereby accept the appointment as registered agent and agree a provisions of all statutes relative to the proper and complete pe- accept the obligations of my position as registered agent as pro	erformance of my duties, and I am familiar with and	'

If Changing Registered Agent, Signature of New Registered Agent

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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			Remove
			Change
			Add
			□ Remove
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Effective date, if other than the date of filing:  If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day  Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	(optional) s after filing.) Pursuant to 60 ts, this date will not be lis	05.0207 sted as 1
e record specifies a delayed effective date, but not an effective time, at 12: The 90th day after the record is filed.	:01 a.m. on the earl	lier of:
Dated June 1 2018		
Signature of a member or authorized representative of a member	-	

Page 3 of 3

Filing Fee: \$25.00