## 118000234420

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## **COVER LETTER**

TO:	Registration Sec Division of Corp			
one.	Bizzie Babi			
SUBJI				
The en	iclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		Shaneice Pruitt Davis		
		Bizzie Babies LLC	Name of Person	
		4084 Palm Forest Drive So	Firm/Company uth	
		Detray Beach FL, 33445	Address	<del>, , , , , , , , , , , , , , , , , , , </del>
		Shaneice.Pruitt@yahoo.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notifi	cation)
For fu	rther information co	oncerning this matter, please ca	all:	
Shan	eice Pruitt Davis		561 332-6537 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for th	e following amount:		
<b>■</b> \$2	5.00 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

P.O. Box 6327

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Registration Section
Division of Corporations

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on florida document number L18000234420

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 "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:

## New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

Enter Florida street address

, Florida \_\_

'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>	Address	Type of Action
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tive date, if other than t Tective date is listed, the date i	nust be specific and cannot b	e prior to da					
If the date inserted in this nent's effective date on the			statutory filia	ng requireme	nts, this date wil	not be	list
cord specifies a delay 90th day after the r	ed effective date, be ecord is filed.	ut not an	effective	time, at 12	2:01 a.m. on	the ea	arlie
October 9	2018						
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Typed or printed name of signee

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