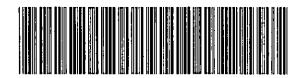


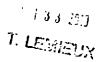
(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	∋ #)
PICK-UP	WAIT	MAIL
(Bu	rsiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

	gistration Se vision of Cor		•	,
cub iror	Baby Cam l	LLC		
SUBJECT		Name of Lim	ited Liability Company	
The enclose	d Anicles of a	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		Frida Alonso		
			Name of Person	
		Baby Cam LLC		
			Firm/Company	
		941 S Park Rd Apt 202		
			Address	
		Hollywood FL 33021		
		 -	City/State and Zip Code	
		babycamsales@gmail.com	to be used for future annual report not	(fication)
For further	information co	oncerning this matter, please of		
Frida Alon	so		305 7992628	
	Name of	Person		ne Telephone Number
Enclosed is	a check for th	e 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 Fiting 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/COURTER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OF	
Name of the Limited Lie (A F	iability Company as it now appealorida Limited Liability Company)	rs on out Brorder 18 12 12
The Articles of Organization for this Limited Liabili Florida document number $\frac{L 1800216}{}$		11: 29 18 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	limited liability company h	ere:
The new name must be distinguishable and contain the words Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A)	:	designation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		n our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Flo	rida street address
		Florida
_	City	Zm 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 Title Name <u>Address</u> Type of Action MGR Frida Alonso 9415. Park Ra #202 BADD Hollywood F. 33021 ☐ Remove ____ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove _□ Change _D Add ☐ Remove

		Change
	 	Add
		Remove
		🗆 Change
	 	🗆 Add
		🗆 Remove
		Change

.,	
Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00