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TALLAHASSEE, FLORIDA

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COVER LETTER

Division of Corp	porations		
SUBJECT:	Booty	Babe LLC	
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Picase return all correspo	ndence concerning this matter	to the following:	
		Jack Mitrani	
		Name of Person	
		Booty babe La	
		Firm/Company	
	6133	Sw 158th an	ie.
		Address	
	Miami	FL 33193 City/State and Zip Code Dyour 500+y babe	
		City/State and Zip Code	
	info @	D Your 5004y babe to be used for future annual report notific	, COM
		·	cation)
For further information co	oncerning this matter, please ca	ill:	
Jack	Mitrani	at (305) 878	- 2135
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	NG ADDRESS:	STREET/COURIE Registration Section	R ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

Babe LLC

(A Florida Li	mited Liability Company)		
The Articles of Organization for this Limited Liability Con Florida document number <u>L 1906</u> 0030318	npany were filed on _	01/29/21	<u>019</u> and	l assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	d liability company l	<u>here</u> :		
The new name must be distinguishable and contain the words "Limited	I Liability Company," the	designation "LLC" or	the abbreviation	1 "L.L.C."
Enter new principal offices address, if applicable:			<u> </u>	
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		on our records, <u>e</u>	nter LAHASS	me of the
				: m
New Registered Office Address:	Enter Fl	lorida street address Florid	II 55	. •
	City	, FIOLIQ	Zip Co	ode

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 we provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Act
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Filing Fee: \$25.00