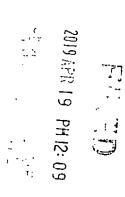
## L19000069680

Office Use Only



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## **COVER LETTER**

TO:	Registration Se Division of Cor	ction porations		
(1010) <b>7</b>		Y VENTURE FUND, LLC		
SUBJI	ECT:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		ETHAN B. BABB		
			Name of Person	<u>.                                    </u>
		6195 JOSEPH CT	Firm/Company	
		MELBOURNE FL 32940	Address	····
		ethanbabbl@gmail.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual rep	ort notification)
For fu	ther information c	oncerning this matter, please ca	all;	
ETHA	AN B. BABB		321 258-4 at ( )	
	Name o	f Person	at () Area Code	Daytime Telephone Number
Enclos	ed is a check for the	ne 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 enclose	□ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

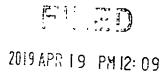
MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



RECOVERY VENTURE FUND, 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 \_\_\_\_\_\_ \_\_\_\_ and assigned Florida document number L19000069680 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: BABB VENTURE FUND, 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.

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

<u>Title</u>	Name	Address	Type of Action
			☐ Remove
			Change
		<del></del>	🗖 Remove
			☐ Change
			Add
			□ Remove
			□ Change
			□ Remove
		<del></del>	Change
			Add
			Remove
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			Remove
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ective date, if other than the di effective date is listed, the date must it te: If the date inserted in this block nument's effective date on the Dep	k does not meet th	e applicable stati	filing or more than tory filing require	(optional) 00 days after filing.) ements, this date w	Pursuant to 605,020 fill not be listed a
record specifies a delayed he 90th day after the reco		but not an eff	ective time, a	t 12:01 a.m. o	n the earlier o
APRIL 16TH ed	201	9			
<u> </u>	QD_	·			
	1		resentative of a men		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00