# L19000069680

(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	<del>= #)</del>
PICK-UP	MAIT	MAIL
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(Bu	isiness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
	_ Certificates	Or Status
Special Instructions to	Filing Officer	
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Office Use Only



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## **COVER LETTER**

TO: Registration S Division of Co			
BABB VE SUBJECT:	NTURE FUND, LLC		
Sobarci.	Name of Lin	nited Liability Company	
	Amendment and fee(s) are sub	-	
Please return all correspondence	ondence concerning this matter	to the following:	
	ETHAN B. BABB		
		Name of Person	
	BABB DEVELOPMENT,	LLC.	
		Firm/Company	
	6195 JOSEPH CT		
		Address	
	MELBOURNE FL 32940		
	ethanbabb1@gmail.com	City/State and Zip Code	
	<del></del>	to be used for future annual report notification)	
For further information c	oncerning this matter, please ca	all:	
ETHAN B. BABB		321 258-4101	
Name o	f Person	Arca Code Daytime Telephone Number 20 20	1
Enclosed is a check for th	ne following amount:		وهدا
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	🗆 \$55.00 Filing Fee & 🖂 \$60.00 Filing Fee 🚇	7

TO:

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

### Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroc Street, Suite 810 Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BABB VENTURE FUND, LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records, ited Liability Company)	(,
he Articles of Organization for this Limited Liability Comp	pany were filed on 03/12/2019	and assigned
forida document number L19000069680		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
ABB DEVELOPMENT, LLC.		
he new name must be distinguishable and contain the words "Limited I	Liability Company." the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	S)	
		202 SE
		2020 JUL SEDALTA
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
<del></del>		問意
		7175
. If amending the registered agent and/or registered off	ice address on our records, <u>enter th</u>	ne name of the new regist
ent and/or the new registered office address here:		
N. C.V. S. i.		
Name of New Registered Agent:		
New Registered Office Address:		-
	Enter Florida street address	
	, Flor	ida
	City .	Zip 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 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>	Name	Address	Type of Action
			_□Add
			_ □Remove
			_ □Change
			_ □Add
			_ □Remove
			_ □Change
			_ □Add
		TAC	□ Remove
		AHASSE CE	Remove  2020  Add  Remove  Remove  Remove
			☐ Change
			_ □Add
			Remove
			□Change
			Remove

Typed or printed name of signee