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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Kelly Fermazin		
		Name of Person	
	Travel Babies, LLC		
		Firm/Company	
	1275 Barclay Blvd Address		
	Buffalo Grove, IL 60089		
		City/State and Zip Code	
	kelly.fermazin@clientsrv.co		
	E-mail address: (1	to be used for future annual report noti	fication)
For further information of	concerning this matter, please ca	ıll:	
Kelly Fermazin		866 912-1719 at ()	
Name o	f Person		e Telephone Number
Enclosed is a check for t	he 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 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

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. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Company as it now appears on our raited Liability Company)	ecords.)
pany were filed on October 22,	2019 and assigned
l liability company here:	
Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
<u>(S)</u>	
Tice address on our records, e	SECRE VILL AND SECRET PROPERTY OF THE Name of the Rew register
Enter Florida street	uldrage
ismer rioriau street a	
City	_, Florida Zip Code
	pany were filed on October 22, liability company here: Liability Company," the designation (S) Fice address on our records, e

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>	<u>Name</u>	Address	Type of Action
AMBR	Marcus Morris	17846 Cadena Drive	⊒ Add
		Boca Raton, FL 33496	□Remove
			□Change
			□Remove
			Change
			□Add
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	red	nber 5 , 2019
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Amber Soulds - Authorized Member		Signature of a member or authorized representative of a member
	Ā	mber Soulds - Authorized Member