L20000 132798

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, , ,
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FILED
2020 JUN 22 PH 6: 16
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QU 6/22/20

COVER LETTER

Division of Co	orporations				
Bitibabies SUBJECT:	Bitibabies LLC				
SUBJECT:	Name of Limited Liability Company				
The enclosed Articles of	of Amendment and fec(s) are sub	omitted for filing.			
Please return all corresp	condence concerning this matter	to the following:			
	Thomas Romero				
	 	Name of Person			
	Bitibabies, LLC				
	-	Firm/Company	 		
	375	Aspenheat T	Drive		
		Atidress			
	7.0	City/State and Zip Code	32081		
	Bitibabics@gmail.com				
	E-mail address: (to be used for future annual report notifi	cation)		
For further information	concerning this matter, please c	all:			
Thomas Romero		904 . 8647497			
Name	of Person	Area Code Daytime	Telephone Number		
Enclosed is a check for	the 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)		
<u>Mailing Addr</u> Registration		Street Address: Registration Sec	ction		

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

Registration Section

TO:

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF FILED

Bitibabies LLC

2020 JUN 22 PM 6: 16

(<u>Name of the Limited Liab</u> (A Flori	da Limited Liability Company) ALLAHASSEE. FL.:
The Articles of Organization for this Limited Liability	
Florida document number L20000132798 This amendment is submitted to amend the following:	·
A. If amending name, enter the new name of the lir	nited liability company here:
Bitbaby LLC	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	377 Aspenhant Drive
<u>(Principal office address MUST BE A STREET ADD</u>	DRESS) CUCHBOYNINE, IT DOUBT
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	377 Aspen Leaf Dilve Socksonville, 71 52081
B. If amending the registered agent and/or register agent and/or the new registered office address here. Name of New Registered Agent:	ed office address on our records, <u>enter the name of the new registe</u> :
21	77 Acom 1 20 20 20 20 20 20 20 20 20 20 20 20 20
New Registered Office Address:	Enter Florida street address
	Schsonville Florida 52081
	City Zip Code
low Registered Agent's Signature if changing Pagister	rad Ament

iew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and coept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability ompany 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	Thomas A. Pomero	377 Aspen haif Driv	<u>C</u> □Add
	Nous	377 Aspen heaf Daw Jacksonville, 91 Szor	<u>}</u> □Remove
			SChange
			□Add
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record d is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
ated j	·
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Thomas Romero

Filing Fee: \$25.00