LZO0003	37272
(Requestor's Name) (Address) (Address)	500355572845
(City/State/Zip/Phone #)	11/30/2001013004 ★★30.00
Certified Copies          Special Instructions to Filing Officer:	2020 NOV 30 AM 9:39 SECRETARY OF THE

LA-1/12/21

## **COVER LETTER**

#### TO: Registration Section Division of Corporations

BABY MAGUANA LLC

SUBJECT: \_\_\_\_

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIBEL FERNANDEZ

Name of Person

BABY MAGUANA LLC

Firm/Company

3255 W FLAGLER ST APT 8

Address

**MIAMI FLORIDA 33135** 

City/State and Zip Code

MAWIMAWIWI@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 MARIBEL FERNANDEZ
 786
 7184027

 Name of Person
 Area Code
 Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

S30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60,00 Filing Fee, Certificate of Status & Certified Copy radditional copy is enclosed)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> 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

#### BABY MAGUANA LLC

(<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on OCTOBER 23, 2020 and assigned Florida document number L20000337272

This amendment is submitted to amend the following:

## A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liabilit	ty Company." the designation "LLC" or the abbreviation "	11C." 3133 3133
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		د م

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 c	uddi ess
		_, Florida
	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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being adde or removed from our records:

## MGR = Manager AMBR = Authorized Member

•

<u>Title</u>	Name	Address	Type of Action
AR	MARIBEL FERNANDEZ	3255 W FLAGLER ST APT 8 MIAMI FL 33135	🗆 Add
			Remove
			□Change
MGR	MARIBEL FERNANDEZ	3255 W FLAGLER ST APT 8 MIAMI FL 33135	<b>≣</b> Add
			🗆 Remove
			🗆 Change
			□ Add
			🗆 Remove
			🗌 Change
			🗆 Add
			🗆 Remove
			🛛 Change
			🗍 Add
			Remove
			🗆 Add
			🗆 Remove
			🗋 Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record 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 record is filed.

Dated NOVEMBER 23	2020
Si	mature of a member or authorized representative of a member
MARIBEL FERNANDEZ	

Typed or printed name of signce