

L200000390963

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

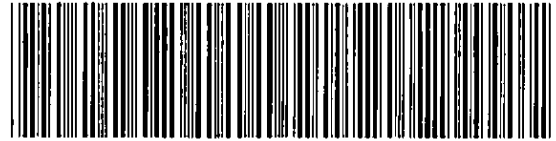
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 21 Babylon LLC

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:

Marty Davis

Name of Person

Legal Solutions Group

Firm/Company

110 E. Broward Blvd #1700

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

mdavis@legalsolutionsgrp.com

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

For further information concerning this matter, please call:

Marty Davis

at (305) 457-6473

Name of Person

Area Code

Daytime Telephone Number

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Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

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

Mat S. D.
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

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|----------------|------------------------------|--|
| AMBR | Capamarka LLC | 121 NE 34th Street Unit 2506 | <input checked="" type="checkbox"/> Add |
| | | Miami, FL 33137 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Sezgin, Gursel | 9217 Bay Drive | <input type="checkbox"/> Add |
| | | Surfside, FL 33154 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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2021 SEP 14 AM 11:21
SECRETARY SELETT
TALLAHASSEE, FL

2024 SEP 17 PM 11:21
SECRETARY DEPT OF STATE
TALLAHASSEE FL

2024 SEP 17 PM 11:21
SECRETARY OF DEFENSE
TALLAHASSEE, FL

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 9/11 2024


Signature of a member or authorized representative of a member

Marty E Davis Authorized Representative

Typed or printed name of signee