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To:	Division of Corporations Fax Number : (850)617-6383	
From:		
	Account Name : GILMAN CIOCIA INC. Account Number : I20120000051 Phone : (305)937-7773	
	Fax Number : (815)301-2897	1 1 1 6

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

2021 FEB - 9 PH 3: 44 Clift Email Address: Ö LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BABYBOOM ORG LLC** 0 Certificate of Status Certified Copy 0 01Page Count \$25.00 Estimated Charge

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ARTICLES OF AMENDMENT TO " ARTICLES OF ORGANIZATION OF

BABYBOOM ORG LLC

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

The Articles of Organization for this Limited Liability Company were filed on 01/21/2021 and assigned Florida document number L21000041898

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 Liability Company," the designation "LLC" or the abbreviation "LLC"

 Enter new principal offices address, if applicable:

 (Principal office address MUST BE A STREET ADDRESS)

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Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

470\$ NW 67TH AVE

LAUDERHILL, FL 33319

Name of New Registered Agent:	······································	
New Registered Office Address:	4708 NW 67TH AVE	
<u></u>	Enter F	brida street address
	LAUDERHILI.	, Florida <u>33319</u>
	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

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<u>Title</u>	Name	Address	Type of Action
AMBR	BENAYOUN, DANA	4708 NW 67TH AVE	lıb∧⊡
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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.

