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COVER LETTER

TO: Registration Section of Corp.			
SUBJECT:	Official Bo	DC FOCTOTY nited Liability Company	LLC
		, , , , , , , , , , , , , , , , , , , ,	
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Che	Name of Person	2021 MAR SECRET
	Offici	al Baby Factor	2021 MAR 15 PM 4: 49 SECRETARY DE STATE TALLLAGIASSEELFL 103
	742	1 Rescott in	STATE E.FL
	Lake h	OFTH, F-L 334 City/State and Zip Code	16:7
	E-mail address: (to be used for future annual report noulli	Yohoo, Com
For further information cor	ncerning this matter, please c	all:	
Chaira Name of	NC SUN	at (<u>561</u>) 268 Area Code Daytime	G 97/2 Telephone Number
Enclosed is a check for the	_		
☑ \$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 Address:</u> Registration Se		Street Address: Registration Sec	tion
Division of Co		Division of Corr	

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

Certified Babe LLC
(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 $02/15/21$ and assigned Florida document number 221000077832
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here: Official Babe factory LLC 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)
——————————————————————————————————————
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:
Name of New Registered Agent: Michael J. Nelson Jr
New Registered Office Address: 1427 Prescott U Enter Florida street address
Lake Worth, Florida 33467 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, 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
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			□Remove
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. If amend	ling any other information	on, enter change(s)	here: (Attach ada	litional sheets, if	necessary.)	
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(If an effective	date, if other than the da e date is listed, the date must b	specific and cannot be	prior to date of filing or	more than 90 days a	ptional) ofter filing.) Pursua	nt to 605.0207 (3)
Note: II t	ne date inserted in this block s effective date on the Depa	does not meet the ap	oplicable statutory fil	ing requirements.	this date will not	be listed as the
the record	f specifies a delayed e th day after the recore	ffective date, bu	t not an effective	time, at 12:0	1 a.m. on the	earlier of:
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Dated	BILDI-	X/15/XI	·			
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	S	wature of a member or	authorized representati	ve of a member		
	$\cap \iota$	no:	la Mol-	.)		
		Typed or i	printed name of signee	$\mathcal{V}_{}$		

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Filing Fee: \$25.00