

L21 0000 77832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

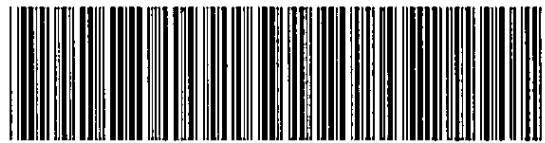
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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03/15/21--01019--024 \*\*25.00

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2021 MAR 15 PM 4:19

CLERK OF STATE  
TALLAHASSEE, FL

US  
5/12/21

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Official Babe Factory 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:

Chaira Nelson  
Name of Person

Official Babe Factory LLC  
Firm/Company

7427 Prescott Ln  
Address

Lake Worth, FL 33467  
City/State and Zip Code

Chaira Williams@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chaira Nelson at (561) 268 9712  
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)

**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

SECRETARY OF STATE  
TALLAHASSEE, FL

2021 MAR 15 PM 4:49

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Certified Babe LLC

Official Babe factory LLC

Michael J. Nelson Jr

7427 Prescott In

Lake Worth

City:

Florida

33467

Zip Code

Page 1 of 3

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>
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SECRETARY OF STATE  
 MILWAUKEE, WI  
 201 MAR 5 PM 4:16  
 FILED

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

Please leave effective date as is. Below it asks for date twice which is confusing I only want to change the name and registered agent.

FILED  
202 MAR 15 PM 4:40  
SECRETARY OF STATE  
TALLAHASSEE FL

E. Effective date, if other than the date of filing: N/A (optional)

(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.

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 ~~02/17/21~~ 02/15/21

Chaira J Nelson  
Signature of a member or authorized representative of a member

Chaira Sode Nelson  
Typed or printed name of signee