## 121000287394

(Requestor's Name)	
(Address)	
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PICK-UP WAIT MAIL	
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(Document Number)	
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A. RIVERS
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## **COVER LETTER**

TO:		gistration Sec ision of Corp		•			
CUD ID	<b>~</b> T.	BAB MIAM	11 SOCIAL LLC	•			
SUBJE	C1:		Name of Lim	ited Liability Company			
The enc	losed	d Anicles of A	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn	all correspon	ndence concerning this matter	to the following:			
			KOFO ODEDIRAN				
				Name of Person			
			BAB MIAMI SOCIAL LL	c			
	,			Firm/Company			
			961 SW 109TH AVENUE				
				Address			
			PEMBROKE PINES, FL	3302			
				City/State and Zip Code			
			kodediran@babmiami.org	to be used for future annual report notification)			
For furt	her ii	nformation co	oncerning this matter, please ca				
		EDIRAN	,,,	786 344-3237			
		Name of	l Person	at ()	•		
Enclose	d is a	a check for th	e following amount:				
□ \$25	5.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & S60.00 Filing  Certified Copy  (additional copy is enclosed)  Certified Co (additional copy	f Status & py		
	Re Div P.C	gistration S vision of C D. Box 632 Ilahassee, I	Section orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			
	1 (1)	mundoct, I	ا <u>کیسپی</u> ید.	Tallahassee, FL 32303			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BAB MIAMI SOCIAL LLC					
(Name of the Umited Liability Compar (A Florida Limited L	n <b>y as it now app</b> iability Company	ears on our records.)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000287394</u>	were filed on .	06/16/2021	an	d assig	ned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabi	lity company	here:			
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," th	e designation "LLC" o	r the abbreviation	on "L.L.C	C."
Enter new principal offices address, if applicable:					<del></del>
(Principal office address MUST BE A STREET ADDRESS)	<del></del>				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on ou	r records, <u>enter th</u>	e name of th	e new i	registered
Name of New Registered Agent:				<del></del>	
New Registered Office Address:					
	Enter I	Florida street address			
		, Flori	da	ri S	<del>2</del>
New Registered Agent's Signature, if changing Registered Agent:	City		Zip (	* .	무
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance provided for i	of my duties, and n Chapter 605, F.	I am familia S. Or, if this	comply with docum	xund ∏ ient is ∏
company has been notified in writing of this change.				ATE.	25 55

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>	Type of Action
AMBR	Aderonke S. Adekunle	961 SW 109TH AV. PEMBROKE PINES, FL 33025	i ■ Add
			□ Remove
			_ Change
			_ □Add
			□ Remove
			_ Change
	<u> </u>		_ 🗆 Add
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  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 right is filed.	f amending any othe	r information, enter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing:  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 695,0207  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  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 rd is filed.  Dated November 9th  Signature of a member or authorized representative of a member  Kofo Odediran		
Effective date, if other than the date of filing:  (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  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  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 right of the filed.  Dated November 9th		
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Kofo Odediran	Dated	
		Signature of a member or authorized representative of a member
	Kofo Odedir	an

Filing Fee: \$25.00