L24000104678

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COVER LETTER

TO:	Registration Sec Division of Corp			•	?
SUBJEC	ОНВАВУР	OPS LLC			
SUBJEA	uli	Name of Limite	ed Liability Company		_
The encl	osed Articles of A	Amendment and fee(s) are subm	nitted for filing.		
Please re	eturn all correspor	ndence concerning this matter to	the following:		
		Jared Zukerberg			
			Name of Person		
		OHBABYPOPS LLC			
			Firm/Company		
		5678 VIA DE LA PLATA C	CIRCLE		
			Address		
		Delruy Beach, FL 33484			
			City/State and Zip Code		
		ohbabypops@gmail.com	100		
			be used for future annual re	port notification)	
For furtl	her information co	oncerning this matter, please cal	1:		
Jared Zu	ukerberg		561 88679 at ()	815	
	Name of	Person	Area Code	Daytime Telephone N	umber
Enclose	d is a check for th	e following amount:			
□ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Cer sed) Cer	.00 Filing Fee, rtificate of Status & rtified Copy litional 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OHBABYPOPS LLC		
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	:13
The Articles of Organization for this Limited Liability (Florida document number L24000104678	Company were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		· · ·
	Enter Florida street address	
	, Florida	Zip Code
	CHY	zip Coae

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
AMBR	DUSTIN GILL	16660 REDONDO WAY	
		DELRAY BEACH, FL 33484	Remove
			□Change
AMBR	JARED ZUKERBERG	5678 VIA DE LA PLATA CIRCLE	
		DELRAY BEACH, FL 33484	□Remove
			≡ Change
			□Remove
		-	□Change
			□Add
		.	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

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fective date, if other than the	e date of filing:		(optional)	
n effective date is listed, the date mu ote: If the date inserted in this b cument's effective date on the L	ist be specific and cannot be pri lock does not meet the appl	licable statutory filing req	an 90 days after filing.) Pursuant	
ecord specifies a delayed effecti- is filed.	ve date, but not an effective	time, at 12.01 a.m. on the	e earlier of: (b) The 90th da	y after the
April 29th	2024	·		
A Children		_		

Typed or printed name of signee