Division of Corporations

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70:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALING CORPORATE SERVICES INC.

Account Number : 120180000011 Phone : (844)386-0178

Fax Number : (323)372-3532

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

—்⇔ 'Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ENCHANTED BABY GEAR RENTAL LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
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COVER LETTER

TO: Registration S Division of Co							
ENCHAN	ENCHANTED BABY GEAR RENTAL LLC						
SUBJECT:	TED BABY GEAR RENTAL Name of Lim	ited Liability Company	···				
	Amendment and fee(s) are sub- ondence concerning this matter	-					
	Mike Town						
		Name of Person	in filing. In of Person In Gompany Address Ite and Zap Code For future annual report notification) 800 773-0888 1 Area Code Daytime Telephone Number 1.00 Filing Fee & S60,00 Filing Fee. Certificate of Status & Certificate of Status &				
	Legalzoom.com, Inc.						
	9900 Spectrum Di	Firm Company					
		Address					
	Austin, TX 78717						
	mrickheim@yahoo.com	City State and Zip Code					
For further information c	remail address: 0 concerning this matter, please et		(cation)				
Mike Town		800 773-0888					
Name (of Person	Area Code Daytime	Telephone Number				
Enclosed is a check for t	he toffowing amount:						
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy				
MAII	INC CHADESE.	STDEETSCAFDI	ED ADDRESS				

MAILING ADDRESS: Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

To Page: 04 of 11: 2024-12-30 09:30 35 PST 13236068205 From: Rajiv Srivastava

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ny as it now appears on our records.) Jability Company)	
orida document number 1.24000446543	were filed on	and assigned
us amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liabi	lity company here;	
o new name must be distinguishable and contain the words "Limited Liabili	on Commence "the decision of a C" or the old	shrongation "L. L. f."
	5245 W Irlo Bronson Hwy, Unit 1	northan mile.
nter new principal offices address, if applicable: rincipal office address MUST BE A STREET ADDRESS)	Kissimmee, FL 34746	
incipal office address Sicor Dr. A STREET ADDRESS		(°)
		လ ပ
iter new mailing address, if applicable:	5245 W Irlo Bronson Hwy, Unit 1	**
failing address MAY BE A POST OFFICE BOX)	Kissimmee, FL 34746	<u></u>
		, <u>-</u>

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>	Name	Address	Type of Action
AMBR	MICHAEL E GUSBETH RICKHEIM		Add
			☐ Remove
		5245 W Irlo Bronson Hwy., Unit 1 Kissimmee, FL 34746	■ Change
AMBR	BETHANY I. GUSBETH RICKHEM		Unit I Change Add Change Change Change Change Change
			□ Remove
		5245 W Irlo Bronson Hwy., Unit 1 Kissimmee, FL 34746	∃ Change
			□ Add
			Remove
			Change
			□ Remove
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			Add
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•			
			☐ Remove
			□ Change

•	-Page: 06 of 11		2024-12-30 09.30:3	5 PST	132360	68205	From	Rajiv S
f amendi	ing any other info	armation, ente	er change(s) her	e: (Attach ad	ditional sheets.	if necessary.)		
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	s effective date on t				• • • • • • • • • • • • • • • • • • • •			
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e record	specifies a del	ayed effectiv	re date, but no	ot an effectiv	ve time, at 12	2:01 a.m. on	the earlier (: זכ
rne 90	th day after the	: record is till	eu.					
12 Dated								
	/S/ Michael Edi	ward Gusbeth F	Rickneim					
	. J. MIGRAGICA							
		*********	of community or on and		date and a commission			
		Signature (if a member or auth	orized represent	ance of a member			
	Michael Edward C			orized represent	arve of a member			

To:

Page 3 of 3