## L24000 464893

(Řec	questor's Name)	
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(City	/State/Zip/Phone	e #)
☐ PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



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12/16/24--01024--014 \*\*25.00



## **COVER LETTER**

TO: Registration Se Division of Cor		•	,		
BAB ASSE	TS LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	JOHN C CARTIER, CPA				
		Name of Person	_		
	CARTIER CPAs, LLC				
		Firm/Company	· · · · · ·		
	5737 9TH AVE N				
		Address		. S	
	ST PETERSBURG, FL 33	710		ECRI FAL	çı
	john@cartiercpas.com	City/State and Zip Code		2024 DEC 16 PM 4: 05 SECRETARY OF STATE TALLAHASSEE, FL	1
	E-mail address: (	to be used for future annual report notifica	ition)		1
For further information co	oncerning this matter, please c	all:		E 57.	1
JOHN C CARTIER, CP	۸	727 822-8800 at ()		Fig. 65	
Name of	l Person		elephone Number	<del></del>	
Enclosed is a check for th	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
Mailing Addres Registration S Division of C	Section	Street Address: Registration Section Division of Corpo			
P.O. Box 632		The Centre of Tal			

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

BAB ASSETS LLC		
( <u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our reco Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Co		
Florida document number L24000464893  This amendment is submitted to amend the following:  A. If amending name. enter the new name of the limited liability company here:  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:  (Mailling 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:  New Registered Office Address:  Enter Florida street address  Florida		
	The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "L
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR.	ESS)	
	<del></del>	
Truning duaress with be in vot of the rowsy		(at a) The French
	office address on our records, ent	그걸을 ㅇ
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street oda	lress.
		Florida
	City	Zip Code

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
MGR	REGIS AUER	107 STH AVE SE	■Add
		ST PETERSBURG, FL 33701	☐ Remove
			□Change
			🗆 Add
			□Remove
		<u></u>	20A DEC SECRETA
			RETARY
		Planeve To Change To Add	
			□Remove
			□ Change
4			DAdd
			□Remove
			□Change
			□Add
			□Remove
			Change

Effective date, if other than the date of filing:  12/10/2024  (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 605.020  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.  The 90th day after the rd is filed.  Dated  DECEMBER 10  2024  Signature of a member or authorized representative of a member			
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	DatedDECEMBER 10	2024	
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	WILLIAM AUER		

Filing Fee: \$25.00