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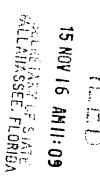
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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COVER LETTER

Division of Cor	porations		•
SUBJECT: B1+0	nin' Beach P	Bupples Hanama	206 8000 compon
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Dme	110 Perdue	
		Name of Person	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	_	, ,	
	3318 Oceo		10. • · · ·
		Address	
	Jackson	OINTE BEOCH, FL City/State and Zip Code	37250-
	<u>COMMED +</u> E-mail address: (1	Hebeach@90	MOII. COM
For further information co	oncerning this matter, please ca	all:	
Donello	Perque	at (904) 451-2 Area Code Daytime	2444
Name of		Area Code Daytime	Z444. Telephone Number
Enclosed 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bitchin' Beach Bubble (Name of the Limited Liability Comman	les Hondmade Solvy as it now appears on our records.) ability Company)	sap Company.
(A Florida Limited Li	ability Company)	
Γhe Articles of Organization for this Limited Liability Company ν	vere filed on April 15, 28	and assigned
Florida document number <u>L- 150000 lolo314</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
DONELLA'S HANDMADE 50 The new name must be distinguishable and contain the words "Limited Liability"	AP COMPANY, L	.L.C.
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		

B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		er the name of the new
		75 T
Name of New Registered Agent:		NO NO
Nov. Boxistand Office Address.		688
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	Zip Code
		•·

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, <u>enter the title, name, and address of each person being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>		Address	Type of Action
	- • • • • • • • • • • • • • • • • • • •			Add
				☐ Remove
				□ Change
				Add
				□ Remove
				☐ Change
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te: If the date inserted in this block does not meet the applicable statu	(optional)
te: If the date inserted in this block does not meet the applicable statu	(optional) filing or more than 90 days after filing. Bursuant to 605.0 ttory filing requirements, this date will not be listed
ste: If the date inserted in this block does not meet the applicable statuctument's effective date on the Department of State's records. record specifies a delayed effective date, but not an effective date.	(optional) (optional) filing or more than 90 days after filing. Russuant to 605.0 story filing requirements, this date with not contact the filing of the filing requirements.
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Fective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of ote: If the date inserted in this block does not meet the applicable statucument's effective date on the Department of State's records. Frecord specifies a delayed effective date, but not an efform of the 90th day after the record is filed. Intel MOV 10 Signature of a member or authorized representation.	(optional) filing or more than 90 days after filing. Russuant to 605.0 story filing requirements, this date with not collisted the collisted sective time, at 12:01 a.m. on the earlier

Page 3 of 3

Filing Fee: \$25.00