## LB000186194

| (Re                     | equestor's Name)   |           |
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| (Ac                     | ldress)            |           |
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| (Cit                    | ty/State/Zip/Phone | e #)      |
| PICK-UP                 | ☐ WAIT             | MAIL      |
| (Bi                     | isiness Entity Nan | ne)       |
| (Do                     | ocument Number)    |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
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## **COVER LETTER**

| TO:           | Registration Sec<br>Division of Corp |  |  |  |
|---------------|--------------------------------------|--|--|--|
| CUBIE         |                                      | EE CLUB LLC  |  |  |
| SUBJEC        | JI:                                  | Name of Limi   | ted Liability Company  |  |
| The encl      | losed Articles of A                  | Amendment and fee(s) are subr  | nitted for filing.   |  |
| Please re     | eturn all correspor                  | ndence concerning this matter t  | to the following:  |  |
|               |                                      | AIDA HASANBELLI  |  | TSE G  |
|               |                                      |  | Name of Person   |  |
|               |                                      |  | Firm/Company   |  |
|               |                                      | 3029 CREST DRIVE   |  | 50° 5  |
|               |                                      |  | Address  | <del></del>  |
|               |                                      | CLEARWATER FL 33759  | )  |  |
|               |                                      |  | City/State and Zip Code  |  |
|               |                                      | QHASANBELLI@GMAIL  |  | <u> </u>   |
|               |                                      |  | to be used for future annual report noti   | fication)  |
| For furt      | her information co                   | oncerning this matter, please ca   | all:   | •  |
| AIDA I        | HASANBELLI                           |  | 727 776-9023<br>at ()  |  |
|               | Name o                               | f Person   | Area Code Daytim   | e Telephone Number   |
| Enclose       | ed is a check for th                 | ne following amount:   |  |  |
| <b>B</b> \$25 | i.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) |
|               | Registr<br>Divisio<br>P.O. B         | ING ADDRESS:<br>ration Section<br>on of Corporations<br>ox 6327<br>assee, FL 32314 | STREET/COUR<br>Registration Section<br>Division of Corpo<br>Clifton Building<br>2661 Executive C | on<br>rations  |

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| BUBBLE BEE CLUB LLC  |  |
|--|--|
| (Name of the Limited Liability Company as it now appe<br>(A Florida Limited Liability Company  | ars on our records.)   |
| The Articles of Organization for this Limited Liability Company were filed on _  | 11/03/2015 and assigned  |
| Florida document number L15000186194   |  |
| his amendment is submitted to amend the following:   |  |
| A. If amending name, enter the new name of the limited liability company   | <u>here</u> :  |
| BUMBLEBEE CLUB LLC   |  |
| The new name must be distinguishable and contain the words "Limited Liability Company," the  | e designation "LLC" or the abbreviation "L.L.C."   |
| Enter new principal offices address, if applicable:  |  |
| Principal office address MUST BE A STREET ADDRESS)   |  |
| - The part of the districts 12001 Day 1 Day 1 Day 1  | i Bin  |
| <del> </del>   | 1900 - F   |
|  | in the second  |
| Enter new mailing address, if applicable:  | The state of the s |
| Mailing address MAY BE A POST OFFICE BOX)  |  |
|  | ₽H 2   |
| 3. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here: | on our records, <u>enter the name of the</u>   |
| Name of New Registered Agent:  |  |
| New Registered Office Address:   |  |
| Enter F  | 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, enter the title, name, and address of each person being added or removed from our records:

| MGR = M $AMBR = A$ | lanager<br>uthorized Member |              |                |
|--------------------|-----------------------------|--------------|----------------|
| <u>Title</u>       | <u>Name</u>                 | Address      | Type of Action |
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| 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 the date o | (optional) filing or more than 90 days after filing.) Pursuant to | 605.02          |
| Note: If the date inserted in this block does not meet the applicable statudocument's effective date on the Department of State's records.   | tory filing requirements, this date will not be                   | listed :        |
|  |   |                 |
| the record specifies a delayed effective date, but not an efforth of the 90th day after the record is filed.   | ective time, at 12:01 a.m. on the ea                              | rlier           |
| Dated 12/12/15,  |   |                 |
|  |   |                 |

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Typed or printed name of signee

Filing Fee: \$25.00