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COVER LETTER

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P.O. Box 6327

Tallahassee, FL 32314

TO:

TO: Registration Section Division of Corporations
SUBJECT: Bumble Bee Club LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Aida Hasanbelli Name of Person Bunchle Bee Club 110
Firm/Company
1807 S. Highland Ave
City/State and Zip Code Dumble bee Club learning Center and Grand Competer and Signature annual report notification. For further information concerning this matter, please call:
bumble bee Club learning Center @ gnail come E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tessica Gorman at (731) 559177 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scrifficate of Status Scriffed Copy (additional copy is enclosed) \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations 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

Bumblebee C	Jub LLC		
(<u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on orida Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Florida document number <u>L15000 18619</u>	ty Company were filed on No.	1. 3 2015 and assig	ned
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company here:		
Bumble Bee Club L The new name must be distinguishable and contain the words.	Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.	C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AL	ODRESS)		
	The state of the s	<u> </u>	<u> </u>
Enter new mailing address, if applicable:			(2)
(Mailing address MAY BE A POST OFFICE BOX	2	70	
		<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office :		r records, <u>enter the name o</u>	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida s.	treet address	.
		. Florida	
-	City	, Florida 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			☐ Change
	- 		Add
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	' 		TACL AHA
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	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	December 15, 2016.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00