

L16000002910

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

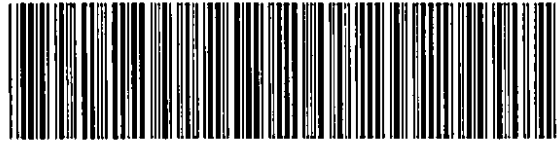
(Business Entity Name)

(Document Number)

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18 AUG 31 AM 9:06
SECRETARY OF STATE
DIVISION OF CORPORATIONS

N COOPER

SEP 06 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Busy Biz, 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:

Wonni Kim

Name of Person

Busy Biz, LLC

Firm/Company

333 S. Tamiami Trail #381

Address

Osprey, FL 34229

City/State and Zip Code

ladytrust2399@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wonni Kim

941

441-8795

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:

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**

Busy Biz, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 8/27/18 and assigned
Florida document number L16000002910.

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 "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)

SECRETARY OF STATE
DIVISION OF CORPORATION
18 AUG 31 AM 9:06

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:

Wonni Kim

New Registered Office Address:

333 S. Tamiami Trail #381

Enter Florida street address

Osprey

City

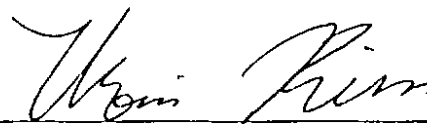
Florida

34229

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Wonni Walter	333 S. Tamiami Trail, #381	<input type="checkbox"/> Add
		Osprey, FL 34229	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Wonni Kim	333 S. Tamiami Trail, #381	<input checked="" type="checkbox"/> Add
		Osprey, FL 34229	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

I just need to change my last name. I filled out two set of forms since I was not sure if I should

simply change my last name or remove my old name and add the new one. The old name was Wonni

Walter and the new name is Wonni Kim with no middle name. Thank you so much.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 AUG 31 AM 9:06

E. Effective date, if other than the date of filing: _____ (optional)

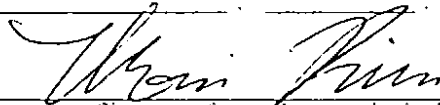
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated

8/28/18



Signature of a member or authorized representative of a member

Wonni Kim

Typed or printed name of signee