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COVER LETTER

TO: ' Registration Section **Division of Corporations** NUMBY PRODUCTS 13.C.

 $(x_i,y_i) \in \{1,\dots,n\}$

SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of .	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	ANYA RAHMING		
		Name of Person	
	BUMBY PRODUCTS, LL	C	
		Firm/Company	
	680 ALTAMIRA CIRCLE		
		Address	
	ALTAMONTE SPRINGS.	FL 32701	
	anyacightyseven@gmail.com	City/State and Zip Code n	
	E-mail address: (t	o he used for future annual report notif	ication)
For further information of	oncerning this matter, please ca	dl:	
ANYA RAHMING		321 263-5649 at ()	· · · · · · · · · · · · · · · · · · ·
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed

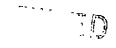
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

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



BUMBY PRODUCTS, 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 _________and assigned Florida document number L16000157440 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: (Mailing 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: ANYA RAHMING Name of New Registered Agent: 680 ALTAMIRA CIRCLE, #201 New Registered Office Address: Enter Florida street address

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.

ALTAMONTE SPRINGS

If Changing Registered Agent, Signature of New Registered Agent

Florida 32701
Zip Code

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	PATRICIA RAHMING	383 EMERSON PLAZA, #516 ALTAMONTE SPRINGS, FL	Add
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			☐ Remove
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(If an effective date Note: If the date	te inserted in this block d	pecific and cannot be prior to a foes not meet the applicable	date of filing or more the statutory filing req	an 90 days after filing.) Pu	rsuant to 605.0 I not be listed
document's eff	ective date on the Departi	ment of State's records.			
the record so	ecifies a delaved effe	ective date, but not a	in effective time	, at 12:01 a.m. on	the earlie
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	+/ 24	2019 Manager of a member or authoris			
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Typed or printed name of signee

Filing Fee: \$25.00