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SECRETARY OF STATE

K. SALY FEB 1 6 2018

## COVER LETTER.

TO: Registration Secti Division of Corpo				
SUBJECT: Puss	Bee Home C	Meaning L.L.	C·	
	Name of Limi	ted Liability Company		
The enclosed Articles of An	nendment and fee(s) are subr	mitted for filing.		
Please return all correspond	ence concerning this matter t	o the following:		
		•		
	Stray M	Vone 5		
		Name of Person		<del></del>
	Busy Ber Home	de . 110		
	Dusy Del Home	Cleaning LLC	<del> </del>	
	·	Pittia Company		
	469 Meadow	Sward		
		Address		
	Ocan Fla 3	3476/		
	Vones. Sta	City/State and Zip Code 201/5619 DAOI	1. com	
		o be used for future annual re		)
For further information cond	cerning this matter, please ca	II:		
Staril Jones	erson	at (407)	692-6	5831
Name of Po	erson	Area Code	Daytime Telep	hone Number
Enclosed is a check for the t	following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy radditional copy is encle		□ \$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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Busy Bro Home Claning LLC.
(Name of the Limited Liability Company as it now appears on our records.)

(A Fi	orida Limited Liability Company	,	CORIDA
The Articles of Organization for this Limited Liabili Florida document number	ity Company were filed on _	Van. 08, 2018	and assigned
This amendment is submitted to amend the followin	ā:		
A. If amending name, <u>enter the new name of the</u>	limited liability company h	nere:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the	designation "I.I.C" or the abbr	reviation "L.L.C,"
Enter new principal offices address, if applicable	:		
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	2	· • · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered agent and/or the new registered office		n our records, <u>enter t</u> l	he name of the n
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Fl	orida street address	
	City	Florida	Zip Code
	CHV		rio conc

## 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 Type of Action Address Title 469 meadow Sweet ct MADD AMBR Stacy Jones ☐ Change □ Add ☐ Remove □ Add ☐ Change \_□ Remove \_□ Change □ Add □ Remove

☐ Change

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tive date, if other than the date	e of filing:	(option;	al)
ffective date is listed, the date must be spart the date inserted in this block d	pecific and cannot be prior to date of the following for the applicable statu	iling or more than 90 days after fol tory filing requirements, this da	ng.) Pursuant to 605.020 are will not be listed a
ment's effective date on the Departi			
cord specifies a delayed effe		ective time, at 12:01 a.n	n. on the earlier o
e 90th day after the record i	is filed.		
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Signa	aggre of a member or authorized repr	escutative of a member	

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Filing Fee: \$25.00