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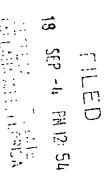
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to		

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COVER LETTER

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TO:	Registration Sc Division of Cor			
eun 10 <i>6</i>	NF#1	UZY BEES LLC		
SUBJEC	. I :	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		BURT LLOYD		
		BURT'S BUZY BEES LL	Name of Person C	
			Firm/Company	
		2829 BLANDING BLVD	, mine company	
		MIDDLEBURG, FL 320	Address 68	
		burtsbuzybees@gmail.co	City/State and Zip Code om	
		E-mail address: (to be used for future annual report notifi	ication)
For furth	er information e	oncerning this matter, please co	aH:	
BURT L	LOYD		904 505-1758	
	Name e	t Person	at () Area Code ——Daytime	Telephone Number
Enclosed	is a check for t	he following amount:		
■ \$25.0	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

BURT'S BUZY BEES 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 2	AUGUST 20, 2018 and assigned	ed
Florida document number L18000198992	 ·		
This amendment is submitted to amend the fo	lowing:		
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	ne designation "LLC" or the appreviation "LLC.	.,
Enter new principal offices address, if appli	cable:	<u> </u>	
(Principal office address MUST BE A STRE		2	,
		Section 1	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u></u>		
B. If amending the registered agent and registered agent and/or the new registered of	office address here:	on our records, enter the name of	the n
Name of New Registered Agent:	BURT LLOYD		
New Registered Office Address:	2829 BLANDING BLVD		
	Enter F	Florida street address	
	MIDDLEBURG	Florida <u>32068</u>	
	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.

II 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>	Type of Action
MGR	SYLVIA LLOYD	8418 BLAZING STAR RD JACKSONVILLE, FL 32210	= Add
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lffec	tive date, if other than the date of filing:		3.31		(optional)	. 1) (67.1)
Note:	ffective date is listed, the date must be specific and cannot be 1 If the date inserted in this block does not meet the a	ipplicable :	e of filing of statutory fil	more than 90 da ing requiremer	ys aner tung. its, this date	will not be listed
locur	ment's effective date on the Department of State's rec	cords.				
a ro	ecord specifies a delayed effective date, bu	it not an	offective	atime at 17	Pr01 a.m	on the earlier
	e 90th day after the record is filed.	ונ ווטנ מוו	enective	: time, at 12	01 4.111.	on the earner
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Dated	1 (liqual 30. 20	18.				
			0, 0			
	Signature of a member of	r authorized	representati	ve of a member		
	SYVIA LLOYD SWYLZ	1_1-	\mathcal{L}_{ij}			
	Typed or	, , , , ($^{\prime}$ γ Ω			

Page 3 of 3

Filing Fee: \$25.00