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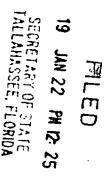
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## COVER LETTER

TO: Registration S Division of Co			
Jarvis Bee SUBJECT:	LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Latarence Jarvis Butts		
		Name of Person	
		Firm/Company	<del>_</del>
	2620 North Australian Ave	enue Suite 100S	
	West Palm Beach, Florida	Address 3307	
	latareneebutts@yahoo.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notifi	ication)
For further information of	concerning this matter, please co	all:	
Latarence J Butts		470 364-7244 at ()	
Name o	of Person	Arca Code Daytime	Telephone Number
Enclosed is a cheek for t	he 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)
MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jarvis Bee LLC		
( <u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our la Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability C Florida document number L18000266059	Company were filed on 11/14/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	٠
Jarvis Bee International, LLC		16 <b>6</b>
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation	on "LLC" or the appreviation "L.L. "
Enter new principal offices address, if applicable:	NA	is 22 m
(Principal office address MUST BE A STREET ADD)	RESS)	- Fig. 20
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	BOSE 25
B. If amending the registered agent and/or registered agent and/or the new registered office add  Name of New Registered Agent:  NA		records, enter the name of the ne
New Registered Office Address:		
	Enter Florida stree	t address
	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.

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>	Type of Action
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	01/16/2019
E. Effect	ive date, if other than the date of filing:
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
docun	tent's effective date on the Department of State's feeding.
If the re	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.
	JANUARY 16 2019
Dated	
	Artonan Q Ravell
	Signature of a member or authorized representative of a member
	Latarence J Butts
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00