L19000069368

(Requestor's Name)	
(Address)	700345478887
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	
(Document Number)	Ü6√Ö8/2001033013 ••€55.60
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Amend

JUN 2:5 7020 I ALBRITTON

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Jax Busy Bee 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:
Ruslan Halamaha Name of Person Jax Busy Bee LLC Firm/Company 17-90 MATHEWS MANOR DR Address
Jacksonville FL 32211 City/State and Zip Code
halamaha 1986 (a) Pmail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rusian Halamaha at 904, 832-7307 Name of Person Area Code Daytime Telephone Number
relosed is a check for the following amount:
1 \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JAX BUSY	· ~	E LLC			
(Name of the Limited (A	Liability Compa Florida Limited	ny as it now appears on Liability Company)	ou <u>r records.</u>)		
Articles of Organization for this Limited Liabida document number <u>L19000693</u>		were filed onO	3-12-19	and assi	gned
amendment is submitted to amend the follow	ing:				
f amending name, enter the new name of th	he limited liab	oility company here:			
new name must be distinguishable and contain the word	ds "Limited Liabi	lity Company," the design	ation "LLC" or the ab	obreviation "L.t	
er new principal offices address, if applicab	le:				
ncipal office address MUST BE A STREET.	ADDRESS)		<u> </u>	200	
		 		·	
er new mailing address, if applicable:				<u> </u>	1
<u>iling address MAY BE A POST OFFICE BO</u>	<u>2X)</u>			<u> </u>	 .
				ထ္	<u> </u>
f amending the registered agent and/or reginent and/or the new registered office address between the new registered office address between the new registered office address between the new registered agent and/or region and/or registered agent ag		address on our recor	ds, <u>enter the nam</u>	ie of the new	registered
Name of New Registered Agent:	OLGA	HALAMI	AHA		
New Registered Office Address:	1790	MATHEWS	MANE	ρR i	DR
	JA(K)	DIVIVO	, Florida	3221	1
er new mailing address, if applicable: iling address MAY BE A POST OFFICE BO f amending the registered agent and/or registered office address I Name of New Registered Agent: New Registered Office Address:	istered office: here: OLGA 1790	HALAMA MATHEWS Enter Florida St City	AHA MANE treet address	e of the new	or regist

Registered Agent's Signature, if changing Registered Agent:

reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and pt the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 2 filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability vany 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>	Address	Type of Action
MGR	DLGA HALAMAHA	1790 MATHEWS MANOR D Jacksonville, FL 32211	R MAdd
		· ·	□Remove
•		 	-
MGR	Kuslan Horlamaha		
		1790 MATHEWS MANDER D Jacksonville, FC 3221)R ⊠Remove I
			Change
			□Add
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i aineilui	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
If an effective Note: If the	date, if other than the date of filing: 05-30-20 (optional) we 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 605.020 he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 's effective date on the Department of State's records.
e record sp rd is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Pated	·· · · · · · · · · · · · · · · · · · ·
	Rushu Hakimsha Signature of a member or authorized representative of a member
	RUSLAN HALAMAHA Typed or printed name of signee

Filing Fee: \$25.00