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SECRETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 850 BUSY Bees 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:
Andrea Gibson
850 Busy Bees Firm/Company
280 Vinings Way Blud apt 5107
Destin FL 32541 City/State and Zip Code 850bus ubees @ G mail (2m)
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scrifficate of Status Stat

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

(Name of the Lin	(A Florida Limited Lin	y as it now appears on our ability Company)	records.)	
The Articles of Organization for this Limited Florida document number <u>L1900010</u>		vere filed on <u>850 </u>	dusy Bees:	and assigned
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liabili	ity company here:		
The new name must be distinguishable and contain the	words "Limited Liability	y Company," the designation	"LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>		TAIL TAIL	¥ .
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>' BOX)</u>		ECHETIARY OF STATE LLAHASSEE, FLORIDA	
B. If amending the registered agent and registered agent and/or the new registered of	/or registered offic ffice address here:	ce address on our re	cords, <u>enter the i</u>	name of the nev
Name of New Registered Agent:	Andrea	Gibson		
New Registered Office Address:	280 bin	Enter Florida street a	Blud	
	Destin	City	_, Florida <u> </u>	54/1 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 = Ma AMBR = At	anager uthorized Member		,
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Brandy H Lambiou	PO Box 144	
	,	Destin FL 32540	
MBR			Change
Loner	Andrea Gibson	280 linings Way Bluc	Add
∵.		Deslin FL 32541	
	mail-	P.O Box 9111	Change
 		Miramar Beach FL 3	2550 Add
			□ Remove
			🗆 Change
 _			□ Add
			Remove
			Change
			D Add
			C Remove
			□ Change
			_□ Add
			_ Remove
			☐ Change

D. If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe <u>Note:</u>	ve date, if other than the date of filing:
If the rec (b) The	ord 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.
Dated_	7-15-2019
	7-15-2019, Once Hibson Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member Ancirea Gibson Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00