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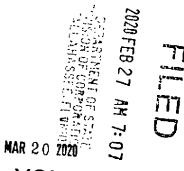
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S. YOUNG

COVER LETTER

TO:		stration Secti ion of Corpo				
	•	Bumblebean, 1	II.C	٠.	**	
SUBJE						
			Name of Limi	ited Liability Company		
The end	closed /	Articles of An	nendment and fee(s) are sub-	mitted for filing.		
Please r	return a	III correspond	ence concerning this matter	to the following:		
			Steven Pribramsky			
				Name of Person		
			Pribramky & Company, Cl	PAs		
				Firm/Company		
			81990 Overseas Hwy Suite	201		
				Address		
			Islamorada, FL 33036			
				City/State and Zip Code		
		-	steven@pribramskycpa.com			
			E-mail address: (t	to be used for future annual r	eport notification)	
For furt	her inf	ormation cond	cerning this matter, please ca	ill:		
Steven	Pribra	msky		305-294- § 1	37	
		Name of Po	erson	Area Code	Daytime Telepho	one Number
Enclose	ed is a c	check for the t	following amount:			
□ \$ 25	5.00 Fil	ling 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 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

Bumblebean, LLC

(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our reco Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company	were filed on February 17, 20	020 and assigned
Florida document number L20000053628		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
Bumblebeam, LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		- 101 <u></u>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, ent	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
	 '	Florida
	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or renioved from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
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Filing Fee: \$25.00

State of Florida Department of State

I certify the attached is a true and correct copy of the Articles of Organization of BUMBLEBEAN, LLC, a limited liability company organized under the laws of the state of Florida, filed electronically on February 17, 2020, as shown by the records of this office.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

The document number of this limited liability company is L20000053628.

Authentication Code: 200221171433-400340839864#1

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twenty First day of February, 2020



Laurel M. Lee Secretary of State