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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number

: (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LUCINDA SOUFFRANT LLC

Certificate of Status	0
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Page Count	04
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LUCINDA SOUFFRANT LLC		····
(A	Liability Company as it now appears on our records.)  A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number L20000319008	oility Company were filed on 12/22/2020	and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
SpringBee Enterprises, LLC		<b>202</b> Se
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or the	he abbreviation L.L.C.
Enter new principal offices address, if applical	ble:	2
(Principal office address MUST BE A STREET	ADDRESS)	- <del>-                                  </del>
		SEE 4:
		75
Enter new mailing address, if applicable:		rri 10
(Mailing address MAY BE A POST OFFICE B	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered office address on our records, <u>en</u> <u>ce address here</u> :	<u>iter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, 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 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 **Type of Action** Address <u>Title</u> Name □ Add ☐ Remove ☐ Change □ Add □ Remove □ Add □ Remove \_□ Change \_□ Add ☐ Remove ☐ Change \_□ Add □ Remove

☐ Change

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Effective date, if other than the date of filing:  f an effective date is listed, the date must be specific and cannot be prior to date of filing or mo  Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	(optional) ore than 90 days after filing.) Pur requirements, this date will	suant to 605,0207 not be listed as
ne record specifies a delayed effective date, but not an effective ti The 90th day after the record is filed.	me, at 12:01 a.m. on	the earlier of
Dated 1/14 2021		
·		

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